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THE OHIO



MEDICAL AND SURGICAL JOURNAL.

EDITED BY RICHARD L. HOWARD, M. D.,
Professor of Surgery in Starling Medical College.



VOLUME IV.

COLUMBUS:
R. L. HOWARD, PROPRIETOR.
OSGOOD & BLAKE, PRINTERS.
1852.



THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. IV. Columbus, September 1, 1851. No. 1.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*On the Medical Theories of the Last Century.* By S. HANBURY SMITH, M. D., Superintendent of the Ohio Lunatic Asylum.

Retrospection, although so useful, is yet at the same time so neglected a proceeding, that it commonly affords much real information, and its results often burst upon one with all the charm of novelty. Bearing this in mind, the readers of this Journal are herewith offered for their perusal a sketch, or mere outline, of the different theories of life, health, and disease, which have by turns influenced the world of medicine for the last hundred years; sometimes blindly adopted by *all* the schools, sometimes proving apples of discord among them; always much alloyed with error, and even exercising a most deleterious influence on practice; often containing the germs of truth.

About the middle of the eighteenth century, a man who has since deservedly borne the title of great—Albrecht von Haller, the father of modern physiology—discovered that most wonderful of vital endowments, *irritability*, a discovery which gave to *solidism* a tremendous impulse.

Glisson—after whom is named “the capsule of Glisson,” which is to the liver what the pia mater is to the brain—had already promulgated the theory, that matter in general was endowed with life and sensibility, and argued the presence of a fundamental attribute which he called *irritability*, and which he supposed to be inherent not only in the fibrous tissues, but also in the blood, in the parenchyma of organs, the marrow, and even in the bones themselves. He moreover imagined this quality as causing a power of perception and desire in parts endowed with it, and considered it as the origin of the sympathies.

Influenced by Glisson, or perhaps Liebnitz, Fr. Hoffman had attributed all vital movements to the "solidum vivum"—the *living solid*. He assumed, that what he called the *moving fibre*, was possessed of a certain degree of action or tone, constituting its natural state, and necessary to the due performance of its functions. If this tone were increased, by the influence of external circumstances, beyond a certain limit, *spasm—disease*—was the result; if diminished below par, then the contrary state, *atony*, obtained.

To Haller, however, is due the merit of first confining the idea of irritability to the sphere of muscularity—of defining it to be the property of muscle and the source of all muscular action. It may now seem as extravagant as will some favorite ideas of our times a hundred years hence, but Haller absolutely went the length of believing and advancing that this irritability was confined to the *gluten* of such tissues as exhibited the property. In proof of his industry and caution, it stands recorded that he had carefully conducted one hundred and ninety experiments, before he ventured to bring the results he had arrived at before the Society of Göttingen, on the occasion when he demonstrated that *irritability* was a property as distinct from common *elasticity* as it was from *sensibility*, which latter he considered as belonging to the nervous system exclusively.

This theory of irritability was immediately taken up by the schools, and did much to prevent the adoption of that general view which regards vital phenomena as the result of the action of one power—*life*,—making itself apparent in many subordinate yet integral forms. Besides, it led to that separation of the abstract power from the thing of which it is an inherent property; a proceeding contrary to all true philosophy, and which, even to this day, is the great stumbling-block of physiology, indeed of the natural sciences in general.

Time, however, rolls on, and the human mind is not stationary. *Nervous influence* once more got the upper hand, and strange were the hypotheses framed with regard to its origin. Sylvius, for example, contended that the vital influence was *distilled* in the brain, according to chemical laws; Baglivi and Pacchioni believed that it was *squeezed out* mechanically, by the contractions of that organ. Then appeared on the stage of physiological speculation Hoffman's *vital ether*, an indescribably subtle, invisible fluid, omnipresent in the body and members, *secreted* by the brain, and streaming out from that organ in every direction through the nervous fibrils. Moreover, Hoffman imagined that every particle of this ether was pregnant or ani-

mate with an idea of the whole organism which enabled it to preserve the body whole and intact, by means of its feelings and movements; —one explanation of the *modus operandi* of the so-called *vis medicatrix naturæ*. (May we not truly say of Hoffman's speculations, that they are rays of light proceeding from truths rising, yet still below the horizon which bounds the sea of knowledge?)

Hoffman was followed by Boerhaave, the great professor of Leyden, whose world-wide fame was such, that a Chinese Mandarin directed a letter to "Boerhaave in Europe." Boerhaave lived in an age of investigation, not authority; hence his favorite "*enormon*"—only Hoffman's vital ether done into Greek—soon shared the same fate with its prototype, as did also Stahl's *tonus*. To Stahl belongs the great merit of having first clearly perceived, and decisively established, the important truth, that the operations of the animal economy cannot be wholly explained according to the laws of chemistry and mechanics; but he was unable to build up a satisfactory theory on the ruins of those which he demolished.

Unger, who died in 1799, advanced that the *nervous power* "by which the animal powers communicated with the mechanical," as he expressed himself, came from the brain, which was filled with the "spirits of life," and that this nervous power played the principal part in the production of the phenomena of life.

The brain and nerves thus came by degrees to be considered as the sole directors and commanders of all vital processes in the organism, which view, in its greatest development as well as one-sidedness, is to be found, in extenso, in the famous system of Cullen.

The great professor of Edinburgh adopted Hoffman's ideas, but confined his *solidum vivum* to the brain and nerves, in which he conceived that a peculiar vital principle existed, residing in, or a quality of, the nervous fluid or ether, (thus confessing himself in reality a humoralist); and in addition, he contended that the brain possessed the power of originating motion. Thus his principles are, that all diseases proceed from the nervous system, which re-acts against external stimuli: these stimuli are either exciting or depressing. Fever, when the reaction was powerful, he called synocha; when weak, typhus; neither powerful nor weak, synochus.

Thus did the one-sided views characteristic of all human knowledge, after wandering hither and thither in the pathless realms of speculative medical philosophy, become more and more materialistic

at every step, until the medical world was prepared eagerly to adopt the astounding theories of Brown.

As parallel observations, it may be observed, that in the mean time Stoll, of Vienna, who died in 1787, gave authority to the idea that fevers are caused by bile, mucus, worms, or other injurious matters detained in the first passages, and which could only be got rid of by emetics. Carrying out this idea, almost all diseases were explained as proceeding from what the Germans call *gastricism*, and were supposed to require the remedies above mentioned. About the same time, Kæmpf produced his theory of *infarctus*, according to which the tough and slimy excrementitious matters, technically called *infarctus*, are produced by the supposed thickening of the blood in the abdominal venous system, particularly the portal portion of it, and the stagnation of the lymph in the lymphatics and glands. This theory, like the rest, would have been harmlessly amusing had it not like them exerted a most deleterious influence on practice—namely, led to the frequent employment of de-obstruent and resolvent enemata, sometimes for years continuously, in order to get rid of those matters of whose production they were in fact the very cause.

After Kæmpf, Christ Ludwig Hoffman, who died in 1807, published his system of humoral pathology, according to which all diseases were caused by a putrefaction of the fluids, causing irritation by the influence of these latter on the solids. The blood he considered as the common and constant source of the putrefactive materials, believing that if these matters were not eliminated by the appropriate channels, fevers, influenzas, and other diseases, would of necessity follow.

About this time chemistry began to astonish the world with the one brilliant discovery after the other; and in spite of the warning voice of the great arch-druid of the science, Fourcroy, medical philosophers would speculate on life as a product of chemical changes. (It may be here observed, that even so recently as 1795, Reil, one of Germany's most respected teachers and renowned practical physicians, considered life to be a product of *form* and *mixture*!)

The antiphlogistic school was now developed in England, where Mitchell propounded the doctrine that combinations of oxygen and nitrogen were the cause of all diseases. This theory first led to the employment of the inhalation of gases in medicine, and, thanks to it, the mineral acids won new laurels in the treatment of fevers and of syphilitic affections. In the former class of diseases they were

originally given by Reich, of Berlin, because he supposed fevers to be caused by a diminution of the oxygen, and an increase of phlogistic material in the system.

Did time permit, we might here dwell upon the wondrous discoveries of a Galvani, a Volta, a Franklin, or a Cavallo, which were not without their influence on the medical theories of the age, as is shown by the use of the electrical imponderables in the treatment of disease so soon after their discovery.

While Cullen was carving his name on the tablets of the history of medicine, a poor boy came to Edinburgh to study theology, and while employed in translating medical theses into Latin for the graduating class, in order to eke out his scanty means, he took a particular fancy to the study of medicine; and Cullen having taken a particular fancy to him, received him into his family as tutor to his sons. Not content with his position, however, Brown—for of him we write—started a school of his own, which, after a struggle of a few years, ended in bankruptcy. He now sought a professor's chair in the University of Edinburgh, but in vain; for the opposition of Cullen, now become his bitterest enemy, together with his own dissipated habits and habitual scurrility, completely frustrated all his efforts. Enraged and embittered at being thus foiled, he again lectured to a private class, and now first broached a new system of medical philosophy, destined to create a stir in the world of physic, of which its author, vain as he was, and *who only invented it to spite Cullen*, never dreamed. Pecuniary difficulties, however, soon induced Brown to quit Edinburgh for London, where he shortly died in poverty, at the age of fifty-three, of apoplexy brought on by drinking, and the excessive use of opium. This outline of his life and habits—though necessarily most meager—with a knowledge of the condition of the European mind at the time, will abundantly explain what followed. We must remember that the doctrines of Brown first began to spread after his own death; the French revolution was at its height; it was a period of complete unsettlement of old ideas—a period when to avow a belief in those truths, both before and since held most sacred, was almost to expose one's self to derision.

In his *Elementa Medicinæ*, Brown's fundamental axiom was that life is *a forced state, only sustained by the action of external agents on the organism*, every part of which was endowed at the commencement of existence with a certain amount of excitability. Among external agents, Brown even reckoned the blood and other fluids of

the body. As life and health depended, according to him, upon the normal action of such external agents, or *stimuli*, as he called them, so disease was supposed to be the consequence of excess or deficiency of excitation; the diseases characterized by the former being termed *sthenic*; by the latter, *asthenic*. The debility in the last, again, was either *indirect*—that is, caused by over-excitement—or *direct*, with increased irritability, depending on a deficiency of stimulus, or a consequence of the immediate action of depressing agents. In truth, a system of most charming simplicity, only comparable therein with one other we shall have to mention, and only requiring of the physician to determine the degree of asthma, and then graduate thereby the dose of those stimuli, by which excitation might be increased or diminished. Asthenic diseases—a majority—were thus to be cured with tonics and stimulants; sthenic by a lowering or antiphlogistic treatment, similarly graduated. At the head of his *materia medica* Brown placed wine and opium; and in the use of the latter he was so liberal—consuming no moderate portion himself,—and he so often enthusiastically exclaimed, “Opium mehercle non sedat!” that the Medical Society of Edinburgh had that motto carved upon the bust which they erected to his honor.

As at a bacchanalian orgie Italy and Germany drank in the poisonous draught of Brunonianism, as the system of Brown is classically termed, and its baneful influence is to this day felt in the schools of the former, But the bitter medicine of a wholesome criticism soon cured the worst effects of the wide-spread intellectual debauch; and Frank, Reil, Hufeland, and Stieglitz, with the aid of the trenchant sword of satire, the mirror-bright shield of truth, the spear of reason, or the massive club of true science, bravely rescued “Old Physic” from the attacks of enemies who made up in numbers and violence what they lacked in wisdom and a just cause.

The Italian doctrine of *contra-stimulus* is but a “rifacciamento”—a hashing up—of Brunonianism; and the *physiological medicine* of Broussais may be traced back to the same source. When incitation was accompanied with increased vital activity, the Italians called the condition “stimolo,” or the stimulant diathesis; when incitation was defective and vital activity proportionately low, the state was called the contra-stimulant diathesis: Brown’s sthenic and asthenic conditions. By the action of stimuli—including the blood—incitation is increased, and vital activity with it; while contra-stimuli—including the pale fluids of the body,—narcotics, sedatives, and so

forth, diminish both. With Broussais, life and disease were both but products of irritation, but irritation of a peculiar local kind. Hence, according to him, there are no general diseases, only local ones, which, by the sympathies of the organism, put on the appearance of being extensive and general. The local irritation causes first congestion, then inflammation, especially in the gastric mucous membrane, obnoxious to this affection; and as beyond all question a special tendency thereto is sometimes an epidemic constitution, and happened to be so for many years in France, Broussais made it a sort of centre for his physiological system. The treatment of diseases consequent on the adoption of this theory, mainly consists in venesection, the application of countless leeches, starvation, and the drenching of the patient with gallons of mucilaginous slops.

There remains one other fruit of Brunonianism to touch upon—a fruit whose kernel has proved harder to crack than any of the others; a theory that for a longer period than any of those already mentioned has kept its ground, though that ground is far more limited in extent than was the case with its predecessors; a theory that, strange to say, has been no less seriously discussed by the learned than by the unlearned in the matter; a theory that has proved as great a bone of contention among the priests in the temple of Esculapius, as among the common herd—the ‘oi polloi’ without. I allude to *homœopathy*, or, more correctly, Hahnemannism.

Samuel Hahnemann, born 1755, denied altogether the existence of a *vis medicatrix naturæ*—a power enabling the system to shake off disease, and restore parts or the whole to a condition of health,—contending that disease can only be driven out by disease. This last is in truth the very principle acted out by—we might say—a majority of physicians, who are rarely content unless the remedies they prescribe give abundant evidence of their activity by their producing the patho-genetic effects peculiar to each; in other words, the assemblage of symptoms, or *disease*, which each important remedy, given to a certain extent, will occasion. Of such diseases we have familiar examples in *cinchonism*, or the assemblage of symptoms produced by bark and the salts of quinine or cinchonine; *morphism*, by opium or the salts of morphia; *hydrargyrism*, by mercurial preparations; *arsenicism*, *plumbism*, by those of arsenic or lead; *alcoholism*, acute in a fit of drunkenness—chronic in the condition of the besotted, &c., &c. And when people talk of remedies? *curing* by their *perturbing* effects, they can only really mean that the remedies produce

a second disease, which somehow or another overpowers and drives out the primary complaint. But suppose—as is notoriously the case—that diseases disappear more quickly, safely and pleasantly, and health is far more thoroughly re-established, under the use of the same remedies in such well-regulated doses that no patho-genetic effects—no symptoms that can be attributed to the remedies employed—are to be detected, and what becomes of the *perturbating* action? But we by no means intend to discuss therapeutics in this article, so —“*revenons à nos moutons.*” Hahnemann further contended that the real nature of disease cannot be discovered or divined; and hence only the outside evidence, the visible, tangible, and rational symptoms of disease, are worthy of investigation, as being of any value or importance with regard to its treatment; just as life, a principle *sui generis*, and known only by what we may call its results, can never be apprehended by, or made perceptible to, our senses. Further: the healing property of medicines, says Hahnemann, depends on their power, when given in large doses, to produce a train of symptoms in the healthy similar to those which such medicines are known to relieve; for which reason his school is called homœopathic—*omoios*, similar; *pathos*, a morbid affection,—and has taken for its motto, “*similia similibus curantur,*” an axiom which, though occasionally illustrated in practice, is by no means universally applicable to the treatment of disease;—there is no gainsaying, however, that this law is steadily conquering a larger space in the realms of therapeutics. It is contended by Hahnemann that the true *curative* effects of medicines are only developed when they are given in extremely minute doses, and at much more distant intervals than usual; moreover, that the powers of all the known remedies are almost infinitely developed by trituration and attenuation, and that substances hitherto supposed inert, or nearly so, produce quite remarkable trains of symptoms, when treated in the same way.

The above are the fundamental doctrines of a medical theory which has now maintained its ground for over half a century, while not one of the two hundred others which have sprung from the fertile brains of great physicians, who have lived and died during the last two thousand years, has held its own for half the time. This is a stubborn fact well worthy to form a peg whereon to hang a bag of thoughts. We should much like to discuss this subject with the seriousness which it deserves; not the subject of homœopathy as practised by the quacks who call themselves homœopathsists—God

forbid !—but the amount of truth contained in the different prominent theories here sketched ; how *the same truths*, or approximations to truth, have been expressed by different medical philosophers in different terms ; how the germs of great truths yet lie hid beneath words to which mankind have not yet learned to attach the same meaning ; how little real progress man makes in intellectual matters ; how, with all the apparent development of theory, the onward march is really after all very much that of a horse in a mill. It is true, we do not exactly go round and round in a circle—such a conviction would at once paralyze all exertion,—but it is as if we were ascending the hill of truth by a road winding round its base, rising with so very slight a grade, that as we return to the same meridian, after having with much labor accomplished the circle, we are surprised to find ourselves at so very small an elevation above the point where we set out. Still we *do* progress ; though the rate is doubtless *purposely* made just fast enough to repay us for our labor—just slow enough to make us feel our weakness and insignificance. Would that, as physicians and philosophers, we could learn to distinguish between the quackery which like all dishonesty only merits our contempt, and the claims of every man of learning, science, and practical experience, to a fair and impartial hearing. Upon the character and probable fate of new opinions and theories in science, it behooves us to pronounce with extreme circumspection. In a work ascribed to Hippocrates, a similar doctrine to that of Hahnemann was distinctly laid down, and has since found advocates in medical writers ; but Hahneman first made it the guiding principle in therapeutics, the law of practice, supporting his position by a series of experiments.

It is most singular, and not a little interesting, that precisely as did the great Louis, Hahnemann, after having practiced with a high reputation for skill and success, especially in the Hospital at Dresden, disgusted with the want of more reliable guides than the prominent medical theories of his day, abandoned practice, and again betook himself to his books, as Louis did to Hospital service and the dead-room. In a letter to the celebrated Hufeland, he says : “Eighteen years have elapsed since I quitted the beaten path in medicine. It was agony for me to walk in darkness, with no other light than could be derived from books, when I had to heal the sick, and to prescribe, according to such or such an hypothesis concerning disease, substances which owe their place in the *Materia Medica* to an arbi-

trary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which, being very active substances, may, unless applied with the most rigorous exactness, (which the physician cannot exercise, because their peculiar effects have not yet been examined,) so easily cause death, or produce new affections or chronic maladies often more difficult to remove than the original disease."

The above passage throws a flood of light on the hidden causes of the parallel actions of Louis and of Hahneman in parallel circumstances. The conviction is irresistibly forced upon us, strange as the avowal may seem, that neither the one nor the other were *born physicians*. Neither the one nor the other possessed the mental qualifications to make them, in the long run, good practitioners of medicine: each one expected to find in books the guide he should have sought in observation of nature, and followed with the tact of a skillful hunter tracking his game, or an experienced commander taking his ship into port. Each one had too mathematical and too dogmatical an intellectual organization. Yet, beyond all question, each had a task to perform, which none other could have done so well; each left his mark upon the age; each contributed no stinted measure of scientific facts to the common stock; each had in a marked manner a special vocation, and in fulfilling that, did "the day's work of a giant."

The object of this article is simply to offer the reader a few materials for thought, hence the writer will not try any one's patience by appending any remarks or reflections.

ART. II.—*Lemon Juice in the Treatment of Acute Rheumatism*.

By FREDERICK T. HURXTHAL, M. D., of Massillon, Ohio.

In Vol. VI., No. 1, of Ranking's Abstract we have, so far as I have noticed, the first report of Dr. Owen Rees and others on the use of "Lemon Juice" in acute rheumatism. From the very favorable statements there made, and the agreeableness of the remedial agent, I determined to give it a full trial whenever opportunity should present.

On the 1st of February, 1851, I was called to visit Mr. Sidney Sladdin, who for three days had been suffering intensely of acute rheumatism. In the history of the case, I learnt that he had been twice before subjected to this painful affection, in England, (from

whence he had lately arrived,) and each time had been confined for five or six weeks. At the time of my visit, he was suffering all the usual symptoms of an aggravated attack of acute rheumatism;—pulse 115, full and hard; tongue loaded with a dirty white coat; surface hot; bowels constipated. R. calomel gr. xv. at night, to be followed by Seidlitz in the morning; sulph. morphia gr. $\frac{1}{4}$ every two to four hours, until relief was obtained. As soon as the cathartic operated, to commence with lemon juice, half oz. every three hours, with loaf sugar—the dose to be gradually increased, until one oz. was taken; cold water sponging of the whole body, and the affected parts enveloped with cold wet bandages.

Feb. 2. Bowels have moved freely. One grain of morphia was taken before sleep was induced. The parts affected (right wrist and left ankle) less painful; left knee and shoulder somewhat swollen, and tender upon the least motion. Lemon juice and morphia continued; sulph. potas. gr. x., cream tart. two scruples, every four hours until bowels move freely.

Feb. 3. Much improved; required but little of the anodyne; slept well; left knee and shoulder less swollen and painful; left wrist much tumified and very tender; wet bandages laid aside; bowels have moved freely; urine much increased in quantity; and deposits on cooling crystals of a light straw color.

Feb. 4. Slept well; left wrist less painful; appetite improving—feels cheerful—sits up; deposit in urine very abundant, and of like character. Treatment continued for a few days,—the dose to be given at longer intervals. On the 8th, the patient called on me at my office in his usual good health.

CASE 2.—Robert McEwen, aged sixteen, was violently attacked, on the night of May 1st, with acute rheumatism. Right and left ankles much swollen, red, hot, and painful; sympathetic fever; with all the usual concomitants of a severe attack. Lemon juice was given in this case as in the preceding. The bowels moved several times each day with the following mixture: Sal rochelle, and cream tart. aa, two oz., sulph. potassa four scruples; of this, one large teaspoonful was given every four hours until the desired end was obtained. On the 3d day, the urine was heavily charged with crystals of light straw color. Although the disease invaded the knees and wrists, no part became half so painful as those where the disease first made its appearance, and before the treatment was commenced.

On the 9th day the treatment was suspended, and the patient turned over to the hands of the cook.

CASE 3.—A. Holderbaum, aged twenty-seven, was attacked with acute rheumatism, on the 27th of May, the left meta carpo-phalangeal articulation of the thumb and index-finger being the parts affected—to which he paid but little attention, being unwilling to believe it to be rheumatism. On the night of June 1st, I was called to see him. Both ankles were much swollen, red, intensely hot, and very painful; not much constitutional fever. Prescribed calomel, gr. xv.; to be followed in the morning by the saline mixture as above, until the bowels moved freely; opium, gr. ij., to be repeated in two hours, until suffering was relieved. As soon as the bowels were freely acted upon, lemon juice was given, as in the preceding cases. On the 4th day the amount of urine was much increased, but not so heavily charged with the deposit as in the first two cases; the crystals were of similar character. On the 11th day he walked to my office. The part first affected was the last to give way; and before it was entirely well, required some ten days more time.

Treatment continued.

ART. III. — *Thoughts on Medical Truth.* By S. C. MENDENHALL, M. D., Bloomfield, Ohio.

Scientific truth is the reward of diligent search. It lies not upon the surface of things, ready to meet the careless gaze of the indolent passer by; it is only evoked by intelligent and laborious interrogation of nature's phenomena. Her temple is aptly located in allegory upon the rocky summit of some "earth-o'-ergazing mountain," accessible only to the hardy sons of toil, its dome far above the clouds of passion and prejudice.

The disciples of Aristotle, like their master, have, in all ages, sought to evoke truth, not by observing facts, but by mental abstraction. Smitten by the love of truth which the God of nature has implanted in every intelligent creature, they sought her in the fine spun theories which are ever the prolific brood of the cloister and the closet. Alike regardless of the incongruity of the various parts of their great teacher's system, and of the endless volume of nature, ever ready to meet the earnest gaze of the true student, they poured upon the minds of men an exhaustless tide of wordy wisdom, which

like the deceitful *mirage* of the desert, mocked the thirst of truth's seekers with hopes unfulfilled.

The natural sciences can scarcely be said to have existed prior to the publication of Lord Bacon's *Novum Organum*. For him was reserved the peerless honor of standing forth as pioneer of the Inductive Philosophy, known in the writings of Leibnitz under the name of the "Sufficient Reason," and which (except in pure mathematics,) is the only means of acquiring scientific truth now recognized. When his giant intellect announced the bold, yet truthful proposition, that "experiment is the only sure road to truth, and that no theories should precede the observation of facts," a new luminary was kindled in the intellectual firmament of our race, whose advent was as potent in the mental world, as the fiat of Omnipotence when He said in reference to the material universe, "Let there be light!"

There is no science which more entirely depends on induction than Medicine. Theories in this department of knowledge are of no value only to serve as connecting mediæ for the facts upon which they are based, and these they often obscure and pervert. Examples of the bewildering effects of theory upon the mental faculties are, unfortunately, so numerous that they occur to the mind of every intelligent reader, and therefore need not be cited. In this age there is manifested, in almost every department of scientific research, an unusual tendency to hasty generalization, founded upon an insufficient number of carelessly observed facts. While, therefore, we honor inductive philosophy as the emancipator of the human intellect from the midnight gloom of the dark ages, we should also remember that we are in danger of being led astray by the *ignes fatui* of *false facts*, and their companions *false conclusions*.

There has been an immense amount of idle discussion upon the question "whether ideas are innate or acquired." There is not, perhaps, at present much diversity of opinion on this point among intelligent metaphysicians, unless we except those who are bewildered by the sophisms of Kant, Schlegel, Fichte, and their fellow transcendentalists. But I design not to discuss this question at present — for if our ideas are all *acquired*, it is conceded on all hands that the mental discipline of the individual has much to do with the character of those "forms in the mind;" and *a fortiori* if mental development proceed from *within* exclusively, the laws of such development must be all-important.

None will deny that truth exists in nature unmixed with error. Whence then arises the frequent failure to elicit truth, and the consequent existence of the thousand forms of error? It has its origin in defects in the mental constitution of truth's seekers. So far as these imperfections are the result of man's inherent organization they are remediless, but the major part result from *neglected* or *misdirected* education, and are consequently legitimate subjects of animadversion.

Educators of every grade abound, who make the press the vehicle of doleful jeremiads, concerning the utilitarian spirit which, they say, has seized on the republic of letters through the debasing effect of mathematics. It is difficult to perceive the intimate connection between the abstractions of geometry, for example, and the accumulation of pelf. But "the wisdom of the wise is busied in hatching golden eggs," and according to their testimony, mathematics are the chief agents in this degradation of literature. And what is by another class of observers regarded with feelings of triumph, as demonstrating the "practical tendencies of the age," is, by them, deplored as the prostitution of the genius of science to the mammon of lucre.

The great *penchant* of the day is for *facts, facts*. And verily an examination of the numerous periodicals belonging particularly to our profession, would justify the conclusion that, in commercial phrase, "the supply equals the demand." From the dignified London Lancet, *down* to the puissant "Medical News" of R. S. Newton, (the renegade cancer doctor,) the medical press teems with facts, relevant and irrelevant, true and *false*. Nine-tenths of these so called *facts* are either of a trivial nature, or if tested by others are found wanting. If the recorded observations of this class, which have been accumulating in the records of our profession for the last fifty years, were collected in one mass, every one would be astonished at the evidence thus given, of defective observation. Nor is the evil warning but crescent. Many of our journals, even now, are burdened with observations and discoveries, which fall *still-born* from the brains and press of their originators, or still worse lead astray the unwary and inexperienced.

What shall be done to arrest this tendency? How shall we purify the fair escutcheon of our noble science from these blemishes? — Doubtless many agencies must combine to produce the desired re-

sult. I shall only specify two. The first is, *the requisition of a competent knowledge of demonstrative mathematics as a condition of graduation in our medical schools.*

I am aware that it may be urged that the class of truths which are embraced within the peculiar domain of the physician, do not admit of mathematical demonstration. Granted; yet this affects not the true issue. The object proposed is not to demonstrate mathematically any medical truth, but to secure such mental habits as will be a safeguard against error. The mind when trained and developed by the rigid syllogistic reasoning of pure mathematics, will be far less likely to be led astray by false induction, than when lacking such training. Accustomed to reject everything not susceptible of *proof*, loose and illogical conclusions are far less frequent, and an effectual barrier is raised against the abuse of the inductive mode of reasoning, which so extensively prevails.

I claim not that an individual may not, if possessed of tact and talent, become successful practitioners of the *ars medendi*, without a knowledge of the higher departments of mathematics. But the ability to treat disease successfully, and the power to make *individual experience subserve the advancement of science* are distinct things. Those who lack this preliminary training, when they attempt to embody their experience for the benefit of others, signally fail. Search the records of the profession, and you will find that almost every solid addition to medical science has been made by men who have brought to bear on the subject, minds thoroughly trained in that severe school of reasoning, so much despised by some pretended inductive philosophers of the present day. Were Louis, Rilliet, Barthely, Stewardson, Gerhard, Becquerel, and a host of other brilliant names, discarders of mathematical reasoning, hasty generalizers? Let their works, their biographies, their ten or fifteen years of preliminary education, their rigid and accurate observations of nature, answer the query. Their minds were, so to speak, *polished* by education, so that

"Like a gate of steel
Fronting the sun, which renders back
Its figure and its heat,"

they reflected nature's truth on the minds of others. Let our profession be guarded against the intrusion of those who are deficient, either in intellect or energy, to fit themselves by a proper prelimina-

ry education for the most difficult of all sciences, and then we shall not be so often disgraced in the eyes of the world, by the crudities of those who "cannot teach and will not learn."

The second means of arresting the accumulation of *false facts*, that I would suggest, is a more rigid scrutiny of alleged facts and discoveries by those janitors of truth's temple, the editors of our own journals. This may be the province of other pens than mine, but I cannot refrain bestowing a passing remark upon it. A few days ago, while examining the pages of a widely circulated journal of medicine, my attention was arrested by an article on the therapeutic application of turpentine. To my astonishment I found it recommended as a specific for almost every form of disease, from typhoid fever to scabies and lichen! "My brethren, these things ought not so to be." The fact that an article is admitted to the columns of a respectable medical journal, ought to be a guaranty of its being worthy of the attention of the profession. And the editor of a medical periodical, who foists such absurdities as the above mentioned on the public, is derelict of duty, and unworthy to minister at the altar of science.

The length to which this article has already reached, admonish me to reserve, for another occasion, some remarks I designed making on the duty of *private practitioners*, in regard to the preliminary education of students.

ART. IV.—*Hydrastis Canadensis* in *Gonorrhœa*. By D. M. McCANN, M. D., Martinsburg, O.

As your excellent Medical Journal has for its object the diffusion of knowledge advantageous to the Medical profession, permit me to call the attention of the profession through its columns to the use of *Hydrastis canadensis*, (yellow root, orange root,) in *gonorrhœa*.

I am not aware that any of my brethren have ever used it in this affection, before myself. My experience, however, in the administration of it, though not extensive, is yet sufficient to warrant me in soliciting a trial of it by those having more opportunity of testing its curative powers than I have. I have used it in several cases in various stages of the disorder, and in *every case* with the most satisfactory results; more especially with males than females. I was led to its use by noticing its well known sanative properties over inflammations of mucus and epithelial structures, such as aphthæ of the

mouth, &c. The ardor urinæ, and discharge of mucus, has been entirely suspended in every case in from twenty-four to seventy-two hours. In some cases I used the balsam copaibæ, in others injections of infusion of the hydrastis alone, but with about the same results, a perfect and *permanent* eradication of the disorder.

I have varied the strength to suit the case in its different stages, but as a general rule I have used about one drachm of the dried root to the pint of infusion — injecting a syringe full three or four times a day.

I hope that some of the profession will give this article a fair trial.

ART. V.—*Purpura Hæmorrhagica*. By J. WATSON TULLIS, M. D., of Troy, Ohio.

A few weeks since, Mrs. B. was attacked with bleeding of the gums, during a paroxysm of Intermittent Fever. She had, within a short time previously, three or four chills, but interruptedly, they having been broken up once or twice with quinine. During these previous paroxysms her gums bled slightly. But at this time they bled profusely and persistently. Neither ice nor the most powerful astringents, seemed to have any effect in controlling the hæmorrhage.

Being alarmed at the quantity of blood discharged, and the utter inefficiency of the most powerful astringents, I resolved to try mechanical means. I made, of wheat flour and water, a mass of consistent and tenacious dough, which I rolled in a cylindrical form, and having given it the proper curve, introduced it inside of the teeth and gums, and pressed it firmly against them. I pressed a flat layer of dough on the anterior part of the gums and teeth, over-lapping with it the superior border of the posterior layer.

Although this application did not check the hæmorrhage, yet it did very much restrain it. It had to be removed occasionally, as it was rendered ineffectual by the softening effect of the blood and saliva.

About twenty-four hours after the bleeding of the gums commenced, petechial spots were observed upon her arms, and upon examination were ascertained to be distributed over her body and lower

extremities. So I had before me a clear case of *Purpura Hæmorrhagica*.

The application of dough to the gums, being very inconvenient and unpleasant to the patient, and of only temporary advantage, was chiefly abandoned. To portions of the gum, and in the vicinity of one or two carious teeth, and which were highly congested and swollen, and which seemed to bleed most freely, I applied with considerable advantage the nitrate of silver, and directed the free use of an ice-cold very strong solution of kino, which for a while almost completely checked the bleeding. It, however, after a few hours seemed to loose its hæmostatic virtue, after which the undiluted Tincture of Sesqui-chloride of Iron, freely applied to the gums, for a short time, seemed to exercise considerable control over the bleeding.

With a view to the evacuation of the bowels, a diminution of the serum of the blood, and an increase of its coagulability, I gave cathartic doses of Sulphate of Soda, which, it is believed, effects the latter as well as the former object.

During its operation, blood was vomited as well as passed by the bowels.

The hæmorrhage from the stomach and bowels, super-added to the persistent bleeding of the gums, and petechial spots, was of course an alarming indication.

For internal exhibition I gave Acetate of Lead, 3 grs., and Sulph. Morphine one-sixth of a grain, every three hours. Nitro Muriatic Acid, diluted to the strength of sharpe vinegar, was used to sponge the body twice a day. Cold water and even ice water were very frequently applied so long as it was agreeable. It seemed to be highly useful, giving tone to the nervous system, and increasing the contractility of the capillaries.

This treatment was adopted on the third day of the disease. The hæmorrhage from the gums still persisting, in the evening. Tinc. of Opium and Tinct. of Digitalis, in equal parts, in doses of twenty drops, every two or three hours, after the first dose of thirty or forty drops, were given, alternated with three gr. doses of Acetate of Lead. In the morning the hæmorrhage had almost entirely ceased—her mouth was dry. This effect I attributed to the Opium. Not only at that time, but several times subsequently, in the treatment of this case, the power of Opium over the capillaries was very manifest. A free dose of Morphine seemed to have more power in restraining the

hæmorrhage than any other one thing, though the local applications were doubtless of essential importance.

Under this treatment, the hæmorrhage, though occasionally recurring, was to a good degree controlled.

For about a week, the symptoms were alarming—the hæmorrhage continuing more or less during that period, the petechiae abundant, and the prostration very considerable.

About the expiration of this period, and as convalescence seemed about to be established, the patient began to suffer from a sense of weight and oppression of the epigastric region and inferior part of the chest. This symptom, though it became very urgent, was very greatly and promptly relieved by local depletion with wet cups, and entirely removed by a second cupping twenty-four hours afterwards.

Although there might have been some danger of troublesome bleeding from the incised wounds, yet it was not to be compared with the danger, justly apprehended, from the internal disorder, which I supposed to be *congestion* of some of the vital organs; and especially if the blood vessels were in the condition they are generally supposed to be, in *Purpura*, in which case fatal extravasation might have resulted.

A few days after decided convalescence was established, there was a recurrence of the chill and fever, and with it a recurrence of the hæmorrhage from the gums, and a reappearance of the petechial spots. These symptoms were not so alarming nor persistent as at first—they yielded to about the same means.

Quinine had to be given every few days in order to prevent a recurrence of the ague, and what was more dreaded, the hæmorrhage. And yet quinine, given in four gr. doses to the amount of twelve grains, invariably produced shortly after the last dose, bleeding of the gums, much more easily controlled however, than when induced by a paroxysm of ague. Such was the irritability of the stomach that no form of Peruvian bark could be borne. Fowler's Solution was finally resorted to, but not being administered with sufficient boldness, there was a recurrence of the ague, accompanied by profuse hæmorrhage of the gums, and a very general crop of petechiae. At many points there was a sensible elevation of the cuticle, as if by small clots of blood—but generally a more diffused discoloration, without sensible elevation of the surface. There was also very considerable hepatic derangement—foul tongue—bitter taste—nausea,

but no tenderness of the stomach, nor much thirst. I administered an emetic of common salt and ipecac, which acted freely and with good effect—after which gave quinine, at such intervals and in such doses as to avoid ‘quininism,’ and thus avoided almost entirely, the hæmorrhage previously incident to it.

For the Purpura, I directed Oil of Turpentine, to be taken in cold infusion of *ulmus fulva* in doses of ten drops every two hours. The petechial spots very rapidly disappeared under the turpentine treatment,—more so than at any former period. From the apparent effect of turpentine in this instance, and the abundant testimony given in recent numbers of Braithwaite in favor of this article as a styptic, I am inclined to regard it as one of our most valuable resources in Purpura.

The patient has now recovered nearly her usual health, and with proper precaution, will escape a relapse of her Purpura Hæmorrhagica. Judging from the past history of this case, so sure as there is a relapse of ague, there will be a recurrence of Purpura.

It is proper to state the fact, that this patient was between the seventh and eighth month of utero gestation when she became ill. During the first temporary amendment above referred to, she was safely delivered of a living but a very feeble child. There was no unusual uterine hæmorrhage during or subsequent to her confinement.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Injuries of the Cranium—Trepanning.* By HENRY F. CAMPBELL, Demonstrator of Anatomy in the Medical College of Georgia.

From the delicate structure of the brain, its abundant supply of blood-vessels, the proneness of its membranes to inflammation, and withal its importance to the animal economy, injuries of the cranium have been ever regarded among the most serious to which the or-

ganism is liable. And yet experience, and an attentive observation of cases, have left no rule by which we can prognosticate with certainty the result, or estimate the amount of danger attaching to any particular case; the slightest blow on the head, the simplest incision of the scalp, however trivial it may at first appear, will sometimes unexpectedly assume the most alarming aspect, and finally terminate in the death of the patient from a propagation of inflammation to the brain or its membranes. On the other hand, how much do we find this delicate organ capable of resisting—what amount of injury will it *not* sustain and yet recover, without even the manifestation of damage. It is only necessary to refer to the records of Surgery, and we find ample verification of this assertion. Hennen* reports many cases wherein the brain has been penetrated by balls, (in one case the removal of the ball was not effected,) without causing the death of the patient, or even producing any great amount of cerebral disturbance. In the second volume of the *Lancet*, Dr. Cunningham, of Hailsham, reports a very remarkable case of a boy, fourteen years old, who, on the bursting of a pistol, received the whole breech into the substance of the brain through an opening in the frontal bone. He lived twenty-four days in a semi-comatose condition; and in the post-mortem examination the wound in the brain was found perfectly healed, and the iron breech, weighing nine drachms, was resting on the tentorium. But the case which more than all others is calculated to excite our wonder, impair the value of prognosis, and even to subvert our physiological doctrines in relation to this important portion of the organism, is that of Dr. Harlow, reported recently by Prof. H. J. Bigelow, (in the *American Journal of Medical Sciences*,) in which an iron crowbar, three and a half feet in length and one and a quarter inch in diameter, passed through the left hemisphere of the cerebrum, and yet the patient perfectly recovered with only the loss of an eye.

The following case, although not by any means so extraordinary as the above, is still sufficiently remarkable to possess, we hope, some interest to the profession: first, on account of the amount of injury sustained by the brain, without a fatal result; and secondly, because it, in a measure, serves to corroborate the physiological possibility of Prof. Bigelow's truly wonderful case; for it will be ob-

* Military Surgery.

served that very nearly the same region of the brain sustained the injury in each instance.

Fracture, with an extensive injury of the brain and membranes.

—Tony, a negro carpenter, aged about forty-five years, was brought into our infirmary, wounded in an affray with two other negroes. He had a stab in the left thigh of no serious moment. The principal injury sustained was that of a chop on the head with an axe. On examination, it was found that the axe had cleft the lower portion of the parietal bone just above the attachment of the temporal fascia, penetrating deeply into the right hemisphere of the brain. The two portions of the skull were widely separated, being nearly an inch apart; between them the movements of the brain could be distinctly observed. The wound was nearly six inches in length, extending from near the vertex to within an inch of the supra-orbitary ridge. The membranes of the brain were cut through, and the medullary substance of the cerebrum had been sliced in the direction of the blow. The middle meningeal artery was severed, and yielded a profuse hemorrhage, which of course was external. The temporal arteries also had bled very freely. We found him sitting upon a chair before the fire, with his head bound up in a handkerchief; he spoke rationally, said they had tried to kill him, and recounted correctly the particulars of the affray. He complained of no pain, but said he was weak from loss of blood, though his pulse indicated no great degree of enfeeblement. His appetite was quite remarkable; we found it necessary to order out of his hands a dish of bread and bacon that his wife had just brought him, and which he said he could eat, as he was very hungry.

After proper cleansing, and arresting the hemorrhage from the great meningeal artery, by the pressure of a small pledget of lint, the wound was dressed by adhesive strips, with a compress and bandage. We found it impossible to bring in contact the two sides of the opening in the skull, and after approximating them as closely as practicable, the edges of the wound in the scalp were brought together over the fissure.

On the second dressing, the wound had adhered pretty firmly, with the exception of about two inches; from this opening, which was enlarged with a slight slough, the sharp edge of the outer portion of the skull protruded. The suppuration was very profuse. The impossibility of covering this portion of bone, and the fear that

the exposure and continued suppuration would produce extensive caries, or be detrimental to the already injured brain and membranes, determined us on removing this piece of bone with the saw. After dissecting the temporal muscle and fascia from their attachment, assisted by my brother, Dr. Robert Campbell, we removed, with Hey's saw, a portion of the lower border of the parietal bone, two and a half inches in length and three-fourths of an inch in width. The operation was completed without other hemorrhage than that from the branches of the temporal artery cut by the incision in the soft parts, though the piece of bone removed was traversed in three places by furrows for the branches of the arteria meningeae magna, which, however, escaped during the application of the saw. After trepanning, the flaps were replaced and secured by adhesive strips, with compress and T. bandage. On the fourth day after the operation, he complained of pain in the occipital region and some stiffness in the back of the neck; these symptoms, however, readily disappeared after free evacuation of the bowels and an administration of an opiate. This resulted probably from the constrained position of the head, and not from any tetanic tendency. The wound healed rapidly till within a few days of the discharge of the patient from the infirmary, when suppuration became more copious, and we extracted a small piece of detached bone from the wound, which after this became a firm and healthy cicatrix.

A case very similar to the above is related in a work of one of the earlier writers, Glandorp, wherein a man had the skull laid open by a sabre cut, losing even a portion of the brain, and yet he recovered; though he was affected for some time with paralysis.*

The remarkable feature in cases like the above, is, that notwithstanding the extensive injury done the brain, the very organ of sensation and volition, yet not the least impairment of intellectual power

* Hominem, ablata etiam insigni cerebri portione, supervivere posse, sequens testatur observatio. Viro alicui robusto impingebatur gladio vulnus circa anteriorem capitis partem, ex quo primis diebus *Pareas meus* Ludovicus Glandorp *chirurgus* magnas ossium portiones, tandem & tantam cerebri partem, quantam vix poterat capere medietas putaminis ovi, exceperit. Huic adhibuit remedia, quæ inferius præ scribentur. Convulsionibus interim correptus fuit, quæ tamen septima die eum deseruerunt: ubi suborta est paralysis oppositi lateris; a vulnere curatus evasit & post duos annos peste obiit: vini portionem exigua, post curam, ut & clamores ac fonitus turbarum, tympanorum, ac tormentorum bellicorum vix perferre poterat.—*Matthiæ Glandorpii*, Spec. Chirurg. Observ. v. p. 26.

is observed during their whole progress. From an attentive consideration of such cases, and a comparison of them with others of a somewhat different nature, viz., cases of compression, we have been long impressed with a belief, that the brain can much better resist, physiologically, the effects of actual laceration of its substance, even to a very great extent, than a comparatively small amount of compression.

That a very small degree of compression will produce great disturbance of function, the daily observation of every practitioner will fully establish; yet, certainly, in the deposition of an apoplectic clot, the brain cannot sustain as much physical injury as when it is broken and lacerated with tamping pins and hand axes. But, strange to say, in the latter case no intellectual impairment whatever is manifested; while in the former, coma, paralysis, and often death, are the common consequences of a small amount of pressure. What, then, is the explanation of this unexpected difference in the results? We can only surmise an explanation: It is probable that the laceration of the cerebral mass affects only that portion of the brain actually impinged upon; in this, there may or may not reside some endowment important to the undisturbed exercise of the various functions, as volition, sensation, consciousness, &c.; if important, we have functional manifestations of injury in those organs over which that portion presides; if unimportant to these functions, of course these manifestations are not observable. On this view, we would very naturally expect to find lacerations of the brain without functional manifestation; as the effect of these lacerations does not, it appears, extend beyond its immediate vicinity.

Now, in injuries with compression, the effect is by no means so restricted; we cannot compress one portion (however unimportant) of an organ like the brain, without exerting more or less compression on parts that are of the utmost importance. That equilibrium of pressure so indispensable to the healthy exercise of function is thus destroyed in *all* parts of the brain, and of course a correspondent impairment of function is the result; which does not necessarily occur in simple laceration.—*Southern Med. and Surg. Journal.*

ART. II.—*Case of Permanent Stricture of the Œsophagus.* By
PAUL F. EVE, M. D., of Augusta, Ga.

During the course of lectures in the University of Louisville, Ky., I was invited by Prof. Rogers to see, with him, a case of *dysphagia*

constricta, which had been under his care for a few weeks. The patient was a mulatto boy, aged three years, who, some four months previously, had swallowed, through inadvertence, a portion of caustic potash. In its deliquescent state he had taken it for candy. The act was immediately followed by alarming symptoms, but which unfortunately were attempted to be combatted by domestic remedies.

When Dr. Rogers first saw the case, the dysphagia was so great that fluids could with difficulty be swallowed; and a bougie was now at once arrested in the œsophagus by an apparently permanent stricture. Various attempts were subsequently made to reach the stomach, but without success. We were not certain that any nourishment ever entered it. The patient's constant cry was for water, which he would swallow down to the obstruction, retain it a few minutes, and then reject it from its mouth. He rapidly emaciated. Ice-cream, milk and water, beef tea, &c., were recommended; and if none of these could be gotten down, nutritious enemata to sustain his system.

The stricture was situated six inches from the dental arches—below the most usual seat for such affections—which is the connection of the pharynx with the œsophagus.

The middle of December last, this patient becoming daily more feeble, was presented to the class at the college clinic, with the view to an operation, should one be deemed advisable. He was now reduced almost to skin and bones; neither could his pulse be discerned at the wrists. It was not until he arrived at this low condition that his master consented to consider the question of œsophagotomy. It was decided in consultation not to operate, and the death of the patient was predicted as probable during the first cold spell of weather.

About ten days after this, a post-mortem revealed a permanent contraction, with thickening of the tissues of the œsophagus—the diameter of the strictured portion being reduced to about a line for an inch and a quarter, and which was also quite tortuous in its course. The stomach was contracted, and reduced to a very small capacity; but the ileum, to our surprise, was largely distended with fæces.

It is highly probable that an attempt at œsophagotomy would have failed.

This is another case added to several noticed in our Journals, of permanent stricture of the œsophagus produced by caustic preparations.—*Southern Med. and Surg. Journal*.

ART. III.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WILLIAM M. MORLAND, M. D., Secretary.

MARCH 10.—*Variola in the pregnant female, between the seventh and eighth month of utero-gestation; disease not communicated to the child.*—Dr. Storer said, that, several years since, he reported a case to the Society, where a woman, just recovering from *varioid*, gave birth to an infant which was covered with the eruption of *variola*, and died from the effects of the disease in the course of the week after its birth.

Numerous cases might be cited, from various authors, showing the contagion to have been thus transmitted.

On the 19th of December last, Mrs. W., between seven and eight months pregnant, was attacked with small-pox; the eruption was making its appearance when Dr. S. first saw the patient. She had the disease very severely, and miscarriage was apprehended. No such accident, however, occurred, and she went safely to the termination of her pregnancy. Dr. S. anxiously awaited her delivery, dreading that the child would exhibit the marks of the infection. On the 28th of January, thirty-nine days, or five weeks and four days, after the appearance of the eruption in the woman, she was delivered of a fine-looking, healthy child, without the slightest trace of any intra-uterine disease. Dr. S. has vaccinated the infant *twice*, unsuccessfully, although the virus was inserted into the arm before it had dried upon the quills.

MARCH 24.—*Oil of Turpentine in excessive dose.*—Dr. Parker reported the case. E., aged twenty-six, married, glass-cutter, robust, sanguine, temperate, chews tobacco, and smokes. Has been in the habit of taking as a remedy for pyrosis, to which he is subject, first, a lump of rosin as big as a nutmeg," followed by "half a tumbler-full of spirits of turpentine" (ol. terebinth. fl. oz. iv.) This dose invariably "helps him." He once repeated this quantity, three times in twelve hours, without any known injury resulting. Feb. 5th, 1851:—Went yesterday morning to a turpentine factory, and took his dose in somewhat of a hurry; using the spirit as it ran fresh from the still; thinks he took a little more than usual. Was soon attacked with dizziness, a sensation of extreme weakness, and pains all over his body, particularly in the region of the kidneys and bladder; he fell in the street, while going to an apothecary for relief;

took a large dose of spts. æth. nit. without benefit. In the evening he walked to Dr. P.'s house with difficulty; complained mostly of pain in hypogastrium, and difficult and painful micturition; some dizziness and prostration; other symptoms not marked; advised to go to bed, to take pulv. ipecac. et opii, grs. xij, statim; and inf. lini. sem. ad lib. Feb. 7th, patient called, and said he was immediately and completely relieved; a fellow workman came with him, to certify to the quantity of turpentine and rosin he is in the habit of taking.

Dr. Abbot remarked that he had known a "hard drinker" to take *oil of turpentine* and *camphene*, in large quantities, with apparent impunity. In the above case, the patient is stated to be temperate.

APRIL 28.—*Extensive Mammary Inflammation*.—Dr. Coale.—Mrs. B., aged twenty-six, primipara, had been affected for several years, with an irritable state of the breasts, causing them to swell and become very painful whenever she took cold. After an easy confinement, she did well until the third day, when an inflammation set in, affecting both mammæ, causing them to become enormously enlarged, hardened and painful. The tenderness was so great, that the elbows could not be separated from the side more than six inches. After the application of twelve leeches to each breast, a surface on each, two inches wide and six inches long, was painted with cantharidal collodion, and a profuse discharge established from the blistered surface. The effect was very happy, the inflammation so rapidly and totally subsiding, that the patient nursed her child within ten days of its birth.—*American Journal of the Medical Sciences*.

ART. IV.—*Cod-liver Oil in Scrofulous Affections and in Consumption*.

Dr. Hays stated to the Philadelphia College of Physicians (Feb. 6, 1851) that he had employed the cod-liver oil extensively, in the Wills' Hospital and in private practice, during the last three years, in scrofulous ophthalmia, in cases of granular lids, in scrofulous enlargement of the external glands, in cases of hip disease, and in the various forms of external scrofula, with the best effects. In scrofulous ophthalmia he had found it of all remedies the most efficacious. Under its use the constitution becomes invigorated; the glandular swellings are dissipated; and the cutaneous affection so commonly met with about the face and ears disappears. He has, also, employ-

ed it in several cases of granular lids with the most favorable results. In this affection, patients are very liable to relapse, from slight causes; this tendency he has found to be removed by the use of the cod-liver oil, alone, or in conjunction with the syrup of the proto-iodide of iron. In the case of a lad now under treatment, affected with scrofulous enlargement of the cervical glands, chronic conjunctivitis, and granular lids, with deposit of lymph in the cornea, and intense photophobia, by the use of the cod-liver oil and proto-iodide of iron, with the occasional application to the eye of the liquor plumbi, all the symptoms of disease are rapidly disappearing. The patient can bear the light without inconvenience, can read small print, and has all the general appearance of restored health. He has escaped a relapse now for four months. The photophobia has disappeared entirely. In another case of excessive photophobia, with granular lids and penetrating ulcer of the cornea, the cod-liver oil has been used (at the suggestion of the *interne* of the Wills' Hospital, Dr. McIntyre) with the most decided advantage.

Dr. H. has now employed the cod-liver oil in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and in most of these cases the benefit resulting from its use has been very striking.—*American Journal of the Medical Sciences*.

ART. V.—*Poisoning by twenty-nine grains of Veratria—Recovery.*

The following authentic case has been communicated to us, with a request that the name of the patient (a retired chemist and druggist) may be suppressed:

A gentleman had a draught and liniment made up at the same time; the draught was to relieve the colic, and consisted of chloric ether, &c. The liniment was composed of veratria, gr. xxx., and rectified spirit, oz. ij., and was intended to be rubbed on the forehead to relieve a nervous, chronic pain in the head. The dispenser finding his stock of veratria insufficient, put only xxix. grains of veratria in, and reduced the amount of spirit in proportion.

On his way home, feeling pain, the patient went into a tavern and got a glass of hot ale and ginger, and then called for a second, into which he put the *liniment*, supposing it to be the draught. Almost immediately afterwards he experienced a peculiar sensation of op-

pression and anxiety in the head, a sense of suffocation, and then discovered his mistake. Medical aid was at hand; vomiting was produced by an emetic of sulphates of zinc and copper, tickling the throat, &c. In about half an hour after vomiting, very violent sneezing came on, and continued for about an hour; the patient then slept, and had no disagreeable sensation or symptom since.—*Pharmaceutical Journal*.

ART. VI.—*Treatment of Asphyxia from Drowning and Hanging.*

FROM DR. R. H. STORER'S Address before the Massachusetts Medical Society.

How little understood, among many of the well-educated and intelligent in our community, is the treatment for the restoration of the drowned! How many lives must have been sacrificed by the barbarous custom of suspending the asphyxied by the feet, or rudely rolling them upon barrels with the head dependent, for the purpose of freeing the lungs of the water with which they were supposed to be filled—a custom which, within a few years, has fallen under my immediate observation.

How many, apparently dead, have been restored to their afflicted friends by means of long-continued, scientific efforts; by having their bodies carefully dried, and exposed to a moderate temperature—their heads and shoulders elevated—their lungs artificially inflated; by the exhibition of external and internal stimulants, and judicious venesection!

How many have thus been resuscitated, after all human means seemed unavailing—long after the by-standers have ceased their efforts, and none, save the almost frantic parent or child, have in silent prayer continued their exertions! Numerous cases might be cited to show that life has been re-called after a body has been immersed for a very long period. These instances should cheer the desponding, and encourage them to labor while there seems the slightest possibility of restoration. Allow me to illustrate this remark with a single example, which was published during the last year in the "Northern Lancet and Gazette of Legal Medicine." It was communicated by Charles McNeil, Esq., of Charlotte, Vt., and is the touching story of a grateful father. "One of my sons, nine or ten years of age, was on Sunday afternoon, in August, 1830, found to be missing. On inquiry, I ascertained that he had last been seen playing on a boat lying

at the wharf. The day was calm, and the waters of Lake Champlain still and unruffled by a ripple ; but, knowing that he had been on the boat, his brother was sent to search for him, but he returned without any tidings. Once more he returned to the boat, and, looking carefully in every direction, discovered him lying on the bottom of the lake in eight feet water, where he must have lain half an hour, if not longer, when he was brought to the surface. I received the body : it was rigid and cold, as also were the limbs ; a bluish cast was spread over the countenance ; the deep solicitude of a father discovered no signs of life—no heat ; the heart was stilled and the lungs quiescent. No more would I have anticipated the presence of life, if he had been submerged for several years ; and had I not, some days previous to the accident, providentially read in an old paper an article by Dr. Buchanan, of Philadelphia, on the subject of restoring suspended animation after submersion, we should have consigned the body to the grave, as it was recovered from the lake. The body being placed on a bed, some of the neighbors were directed to rub it briskly with flannel cloths—an order which they obeyed with great reluctance, from the thought of performing this office on a corpse ; and I will admit that I somewhat entertained the same opinion. Still, I would fain hope, and urged on my friends the continuance of their exertions ; the friction was persevered in ; warm flannel sheets were applied in rapid succession. This treatment was continued for thirty or forty minutes, when we were gratified by hearing a feeble murmur in the throat, followed soon after by a slight quivering of the lips. The case, however, was enveloped in doubt and obscurity for a long time, as the recovery was extremely slow.”

The above remarks might, with equal propriety, be applied to the subject of hanging. Many judicious general practitioners entertain the most vague and unsatisfactory notions regarding its phenomena. They not only are unacquainted with the several appearances produced in individual cases of suspension, but they really are not aware how death is produced ; and, cerebral apoplexy not unfrequently being considered the cause, copious depletion, employed instead of artificial respiration, checks the vital current forever.—*Boston Med. and Surg. Jour.*

ART. VII.—*Blanched Hair from Sudden Emotions.*

Upon entering the ports of the Pacific Ocean, a person is surprised with the almost uniform blackness and luxuriance of the hair of the natives.

But instances are not rare, in which we see persons quite young with their hair blanched to a perfect whiteness, free from the creamy tinge that marks the change in temperate or other latitudes of the Atlantic coast, from the effect of age and other causes. With the native of the Pacific, the intermediate grade of gray, marking in our country the advance of age, is scarcely known; although, as with us, the hair of the aged is white — “not frosted o’er by the passage of many winters” — as the transition is usually sudden, from the effects of fear or great mental anxiety; often changing from a raven black to a dead crispy white in a single night.

The citizens of Europe and America, who have resided long upon the Pacific coast, have remarked that their hair became subject to an early change in color, with an apparent increase of vitality, indicated by rapid growth and an oily gloss. Whenever, in the course of their business, they were subject to sudden emotions, they observed, immediately after, a great accession to the numbers of their gray hairs.

As in our own country, the change of light hair is less rapid than dark, resembling the change of black with us. Still all grades of temperament are subject to it, although they may differ in degree. In San Francisco I have met with young men scarcely 30 years of age, with hair and beard blanched to an almost perfect whiteness. As an instance, I met a young man, then on his way home, after having resided two years in the mining region. His hair was blanched to patriarchal whiteness, although he had not reached the completion of his twenty-sixth year. His hair, when he first arrived in California, was of a glossy black, luxuriant and free from disease. After having been subject to the vicissitudes of mining life, for a year and a half, without gaining gold faster than was required to supply his daily wants, he removed to the north fork of the Yuba river, high up, where his fortunes gradually improved, until he was taken sick and obliged to remain in camp. His disease was called, by the camp physician, bilious intermittent, with pulmonary congestion. On the 5th of October, 1850, he raised in the

forenoon some blood, and on the return of the doctor and friends, at mid-day, from labor, it was thought advisable to bleed, and the arm was bandaged and the blood drawn upon the floor, beside his bed. As he felt relieved, he advised his friends to return to their labor. When they left him, he had fallen asleep, and did not awake until dusk. On opening his eyes, the first object that met his view was a huge grizzly bear, lapping from the floor the blood which had been drawn from his arm. His fright was so great, in his then feeble state, that he immediately fainted, and was found apparently dead by his friends, who returned just as the bear left. After the application of such restoratives as the camp afforded, life was restored, but his faculties suffered for several days; and on the morning succeeding the unpleasant visit of the bear, his hair was found changed to a perfect white, without one remaining of the original color to show the contrast.

I will refer to another instance — that of a young man about 23 years old. He came from the mines to San Francisco, with the intention of soon leaving the latter place for home. On the evening of his arrival, he, with his companions, visited the gambling saloons. After watching for a long time the varied fortunes of a table, supposed to be undergoing the process of “tapping,” from the continued success of those betting against the bank, the excitement overthrew his better judgment, and he threw upon the “seven spot” of a new deal, a bag which he said contained 1100 dollars — *his all*, the result of two years’ privation and hard labor — exclaiming, with a voice trembling from intense excitement, “*my home, or the mines.*” As the dealer slowly resumed the drawing of his cards — with his countenance livid, from fear of the inevitable fate that seems ever attendant upon the tapping process when once commenced — I turned my eyes towards the young man who had staked his whole gains upon a card; and never shall I forget the impression made by his look of intense anxiety, as he watched the cards as they fell from the dealer’s hands. All the energies of his system seemed concentrated in the fixed gaze of his eyes, while the deadly pallor of his face bespoke the subdued action of his heart. All around seemed infected with the sympathetic powers of the spell — even the hitherto successful winners forgot their own stakes, in the hazardous chance placed upon the issue of the bet. The cards are slowly told, with the precision of high-wrought excitement. The seven spot wins! The spell is broken — re-action takes place. The winner exclaims,

with a deep-drawn sigh, "*I will never gamble again,*" and was carried from the room in a deep swoon, from which he did not fully recover until the next morning, and then to know that the equivalent surrendered for his gain, was the color of his hair, now changed to a perfect white.

Although the above may be considered extreme cases, sufficient to warrant a like result in any country, still I could relate instances where the cause of excitement was slight, and yet produced a rapid change in the hair, with the same certainty; showing evidently the predisposing influences of climate. One instance now occurs, of a young priest at Acapulco, whose strongly besetting sins were monte and cock-fighting, although others might be numbered in the same catalogue. The purity of his hair was accounted, by its sudden transition from black to white, a miracle emblematical of his character; but the history of the change would lead us to suppose that it originated from another cause than a saintly organization. On the Sunday that marked the change, he exhorted his hearers to beware of the immoralities practised by foreigners; in the afternoon he engaged zealously in the disputes of the cock-pit, and ended at night with an exciting game of monte.

The cause of these sudden changes must arise from atmospherical peculiarities, as upon the Atlantic side we are subject to the same seasons, with the exception that the prevailing wind upon the Atlantic coast during the dry season has more humidity. From whatever source the predisposing cause may originate, it is certain that excitement hastens the change.

Yours respectfully,

E. R. SMILIE.

Boston, June 26, 1851.

[*Boston Med. & Surg. Jour.*

ART. VIII.—*Smallpox in the Seventh Month of Pregnancy.*

I was called, recently, to attend a young married lady, who, I was informed, had been suffering *intense* pain for the twenty-four hours previous. I found the patient with hot skin, dry red tongue, high arterial excitement; pulse 110 per minute, full; severe pain in the head and back, and in the *seventh* month of pregnancy. Prescribed leeches to the temples, and hyd. and jalap, āā gr. x., followed with saline draught, and diaphoretics. In about thirty hours pustules made their appearance, and continued until the case assumed the

appearance of genuine small pox. She passed through the various stages favorably, and convalesced as rapidly as usual, save a slight ophthalmia, which retarded somewhat the cure, went her full time, and gave birth to a fine, plump, healthy girl, without the least appearance of its having had the disease. Vaccination had no effect upon it.

Query. — Can the mother, during the last months of pregnancy, go through with smallpox and not infect the child in utero? If so infected, will there not be unmistakable evidence upon the skin? or does exclusion of light and air prevent scarring, and thereby leave a smooth surface? Will some of your numerous readers inform us?

East Boston, June 20th, 1851.

S. F. PARCHER.

[*Boston Med. & Surg. Jour.*

PART THIRD.

FOREIGN INTELLIGENCE.

ART. I.—*Some further Observations on Dropsies, with Albuminous Urine.* By JONATHAN OSBORNE, M. D., M. R. I. A., King's Professor of Materia Medica, Clinical Physician to Sir Patrick Dun's and Mercer's Hospitals, &c.

"FALSTAFF.—Sirrah, you giant, what says the Doctor to my water?

"PAGE.—He said, Sir, the water itself was a good, healthy water; but, for the party that owed it, he might have more diseases than he knew for."

Having published, in 1835, a small treatise on dropsies with coagulable urine, and added to it, in a second edition published in 1847, the result of my observations on dropsies in general, I had the satisfaction of perceiving the diaphoretic and anti-diuretic treatment, which was the principal novelty in the work, both commended and adopted by many eminent authorities. A German translation of it was published at Leipsic, in 1840, with a preface, by Professor Nasse', of Bonn; and an appendix was subjoined, consisting of Dr. Bright's observations contained in the Guy's Hospital Reports for 1836, and a copious extract from Dr. Martin Solon's work on Albuminuria,

which appeared in Paris in 1838 ; altogether presenting to the profession in Germany an epitome of the labors of three distinct observers, acting independently of each other, in Dublin, London and Paris. It was only to be regretted that the researches carried on at Edinburgh by Drs. Christison and Gregory were, owing to some accidental cause, omitted, and that the merits of Dr. Bright, who first opened the subject, were not sufficiently acknowledged. This, however, is now unnecessary ; the name of "Bright's disease of the kidney" is not likely ever to go out of use : and in pathology, as in natural history, the memory of eminent merit will thus be perpetuated in its nomenclature.

Healthy urine, when first passed, is translucent, and becomes transparent as soon as the epithelial scales (*olim* mucus) of the bladder and urinary passages have separated from the body of the fluid. Thus the pellucid cloud is formed, and inasmuch as it always retains the same specific gravity, provided the bladder and passages are healthy, it always occupies the same locality, that is, at the lower third of the vessel in which the urine has cooled. If the urine, however, has a greater density than usual, such as occurs in high fevers, then the mucous cloud serves the purpose of a hydrometer, and takes its place at the top of the fluid. It sometimes has a kind of opacity as if a powder was sprinkled on it, arising from the urate of ammonia being intercepted in its precipitation, which is known from its disappearance when heated to about 100°. In other cases it never forms a cloud, but remains diffused through the liquid, an appearance generally connected with alkaline urine ; and when there is a considerable degree of irritation of the bladder or passages, it forms a stratum adherent to the bottom of the vessel.

The specific gravity of the urine, which, in health, is commonly about 1025, is, in this disease, in the majority of cases, about ten degrees lower. In Bright's and Barlow's cases it was below 1020 in twenty out of twenty-seven cases tried. It may appear difficult to reconcile a low specific gravity with the addition of albumen ; but this difficulty ceases when we recollect the low specific gravity of the serum of the blood in this disease, it being occasionally as low as 1018 or 1015 (Rees,) the standard of health being about 1029 to 1031. The low specific gravity of the urine, however, is by no means to be depended on as a point of diagnosis, as it is often high in this, and low in other diseases. Thus, the day in which I write,

I have examined in five cases, and find it to be 1020 in two cases with albuminous urine, 1015 in two cases of ascites, and 1012 in a case of gastro-enteritis, the latter three being free from albumen. The low specific gravity appears to be mainly owing to the deficiency of urea, but this is subject to the alterations which the secretion of more or less fluid along with it may produce.

When healthy urine is heated it acquires additional transparency before reaching the boiling point, and then throws up a succession of bubbles, which leave a froth on the surface. This froth may be permanent, although no albumen can be detected either by heat or nitric acid; and if the urine be heated too rapidly it may carry up albumen should the fluid contain it in small quantity only, and thus exhibit the body of the fluid clear. Hence, as albumen coagulates at 170° , it is best, in applying heat as a test for it, not to urge it on to the boiling point until we have, by careful examination, previously ascertained that no cloudiness has been produced at the lower temperature. It is also incorrect to heat it in the common metallic spoons, which may have contracted rust, and, by retaining animal matter, give rise to indications belonging to the presence of albumen.

The two sources of error, in applying the test of heat, which are most liable to occur, are — first, that, when it is alkaline, it may, by holding the albumen in solution, remain clear; to obviate this, it should previously be examined to ascertain if it is alkaline, in which case a few drops of vinegar are to be added; and, secondly, that in some cases, even when acid, it may deposit the phosphate of lime. This, however, will not occur until it has been heated to above 170° ; the appearance of it too is that of a powder, and it shows no flakes or shreds like albumen. When, however, any doubt can exist, the addition of a few drops of nitric acid, which dissolve the phosphate but not the albumen, will terminate it.

Many of the latest researches on albuminous urine and the diseases connected therewith, however interesting to the physiologist, and however extensive the field into which they have led, are still unproductive as to positive and practical results. The unbounded confidence demanded for even the highest powers of the microscope, to the neglect of the ordinary use of our eyes, and the no less exclusive importance attached to conclusions derived from the present doctrines of chemistry, are well calculated to seduce us from the old path of clinical observation. Here, however, the history of medicine raises

her warning voice, and reminds us of the exclusively mathematical and chemical pathologists who appeared during the two last centuries, and who, though building on principles then held as certain as any that can now be produced, have only left hypotheses instead of discoveries, and retarded while they seemed to advance the progress of medical science.

No subject has, of late, been so completely taken possession of by exclusively chemical pathologists as albuminous urine; and the state of the kidney has been an equally fruitful theme for the microscopists. Hence have arisen a number of researches, curious, no doubt, and in the main valuable, as confirming the general fact of the connexion between albuminous urine and disease of the kidney. Some have restricted it to a fatty degeneration, and others have referred it altogether to a primary disease of the blood. Strange that the appearance of albumen in the decoction of the kidney should create such difficulties, when its appearance in other secretions is either passed by as not worthy of notice, or, if noticed, has been disregarded, and considered in the light of a necessary and every day occurrence. The want of a due appreciation of this similarity of action between the kidneys and other parts of the body, appears to me to lie at the bottom of most of the views which have been entertained on the subject; and the most important and leading fact which I now wish to bring before the reader's notice is this, that the passage of albumen from the kidney has nothing in it peculiarly out of the way, or of necessity belonging to that organ, but that albumen is poured out by every secreting surface, when it happens to be either inflamed or congested.

First, in the Schneiderian membrane. "In the watery discharge from the Schneiderian membrane," says Wagner, p. 446, "there is not a trace of mucus or epithelium, but it contains a small quantity of albumen, which may be coagulated by alcohol. The dissolved saline matters, mostly common salt, shoot into their appropriate crystalline forms on the glass plate upon which a drop is allowed to evaporate. The mucus gradually returns as the secretion becomes thicker, and now numerous epithelial cells, in a state of transition into pus-globules, make their appearance."

Secondly, in the skin, the fluid exudation in acute inflammations coagulates by heat, and is manifestly albuminous. The fresh trans-

parent scab becomes opaque by evaporation, and is dissolved by tepid water, but, if taken off, it becomes fixed and hard in water when approaching the boiling point. In its fresh state, it has almost exactly the appearance assumed by fragments of the white of an egg coagulated by heat, and then left exposed to the air, which in a few days become transparent, acquire a yellow color and a firm consistence, in which form they remain.

Thirdly, in the bowels, the exudation of albumen, to a large amount, might easily be conjectured from the peculiarly viscid consistence of the semi-fluid *fæces* discharged in certain stages of gastro-enteric fever; but its occurrence is put beyond all doubt by the following observations of Professor *Æsterleus* of Stuttgart.* He examined the excretions of the patients under his care during a recent epidemic diarrhœa in the Baltic provinces, and ascertained that the more violent the attack and the nearer to its commencement, the more abundant was the discharge of albumen in the stools. The average daily loss during the first fourteen days was from 700 to 800 grains, and during the last eight days 300 grains.

Fourthly, in the lungs. It is here that we have the best opportunity of seeing the albuminous discharge in consequence of inflammation. The natural secretion of the air-vesicles is only *halitus*, and from the bronchial tubes there is no expectoration in health. When pneumonia comes on, then we see the well known viscid and rusty colored expectoration; now this is albuminous, and coagulates, in the highest degree, by heat. This may readily be seen by first heating water in a table-spoon, and then holding the vessel containing the expectoration over it, so that some portion may hang down from the edge of the vessel and be intercepted by the water in the spoon. By urging the heat of the water, the intercepted portion soon resembles the white of an egg, which, in boiling, has escaped from a crack in the shell. Nor is the albuminous expectoration confined to pneumonia. The same is to be observed in minor degrees in all the forms of bronchitis, and also in phthisis, where, however, as it is mixed with the contents of abscesses, it does not apply to our present observations.

Seeing, then, that albumen is thus extensively poured out by se-

* London Medical Gazette, 1850.

creting organs when inflamed, is there anything extraordinary, or anything more than ought to be expected, when we observe the kidneys doing the same? If reasoning from analogy is to be allowed, and if we may form conclusions as to what goes on in an obscure organ, from what we can see in those more immediately accessible to our means of observation, then the appearance of albumen in a secretion which in health does not contain any, should indicate that inflammation has taken place in that organ. This conclusion, with regard to the kidneys, is confirmed by what, in the vast majority of cases, we see after death. Without entering into the minutiae of appearances recorded by Rokitanski and others, we have two leading forms of disease; first, the deposition of granular masses impermeable to injection, and causing a corresponding enlargement of size in the organ; and, secondly, the contracted kidney, with diminished size of the organ, an indurated and impermeable condition of it, and a remarkable diminution in the caliber of the blood vessels. Now, in the first, we cannot avoid recognising a correspondence with cirrhosis, in the lung. In both of these states the albuminous and frequently bloody or smoked urine, corresponds with the viscid and rusty expectoration of pneumonia; while the deficiency of urea, as indicated by the want of natural color and low specific gravity, indicates the same impediment to the performance of the peculiar function of the organ, as we see in the well known indications of impeded arterialization of the blood occurring in pneumonia. Nor does the analogy of the symptoms of inflammation of the lungs and the kidneys stop here. In both the pain is so dull as often to be imperceptible; in both there is rather a depressed than an excited state of the circulation; and in both the occurrence of simple inflammatory abscess within the substance of the organ is an event of great rarity.

And now a few words on cases of albuminous urine without disease of the kidney.

First, In disease of the bladder the urine is sometimes loaded with purulent discharges, which may be confounded with an albuminous condition of it. Such cases are, however, to be distinguished by their appropriate symptoms.

Second, It has been observed in the dying, when undergoing a protracted agony previously to death. Although I have not had occasion to observe this fact in sufficiently distinct cases, yet, indepen-

dently of the credit due to those who have mentioned it, analogy should leave little doubt on the subject. In examining the bronchial tubes in such cases, we find them more or less filled with viscid frothy fluid, causing the rattles; and this fluid I have often observed to be bloody, like a solution of red currant jelly, even in cases where there had never been a trace of hemoptysis during life; thus showing that, at the approach of death, a discharge directly from the blood vessels must have taken place. It is also in the highest degree probable that this albuminous exudation is not confined to the kidneys or bronchial tubes, but that it also takes place at the same time in the bowels and the skin, and is an ingredient in the diarrhœa and clammy exudation from the cutaneous surface so often accompanying such cases.

Third, Albuminous urine may be produced by pressure applied on the kidneys, or rather on their vessels. Dr. Robinson, of Newcastle,* showed that ligatures on the emulgent veins produce albuminous urine. I had, within the present year, a patient in Mercer's Hospital who afforded a good illustration on this point. She was aged about 50, and, after death, was found to have the kidneys nearly healthy; but a large abdominal tumor, for the most part filled with fluid, and connected with one of the ovaries, had progressively increased during about ten months, until it had attained an enormous size. In proportion as the abdomen enlarged she became more and more emaciated, until she sank at last, apparently from debility of the heart and diaphragm. During the greater part of her illness the urine was free from albumen, but on one or two occasions it became highly albuminous, and afterwards resumed its previous state; and these accessions of albumen always corresponded with periods of peculiar distress from the pressure of the tumor. To the same agency of pressure may be referred cases of temporary albuminous urine from pregnancy, and also from dyspepsia, in which there is no difficulty in understanding how the tension of flatus may compress the emulgent veins, and thus cause congestion and consequent effusion of serum into the urine.

Fourth, Albuminous urine has been found in cases of general fever. Thus, it has been stated by Dr. Finger, of Prague, that among 600 cases he found it in 155. I cannot confirm any part of this

* London Medical Gazette, 1850.

statement from my own observations, which lead me to infer the absence of it in febrile cases, although I have always used the heat test which, with the precautions above mentioned, is more delicate than nitric acid. However, it is certainly not improbable that the kidney in fever may occasionally, according as congestion predominates, throw out albumen. It has been also stated that the first urine secreted by patients recovering from Asiatic cholera is albuminous, which also, *a priori*, appears probable from the facts already stated.

It is, however, necessary to observe that in all these cases, when the albumen is discharged, there is a disease of the kidneys actually present, and that it, at that time, as surely indicates a diseased state of the kidney, as expectoration denotes disease of the lungs or bronchial membranes, past or present. Indeed there cannot be conceived such a thing as a merely functional disease. The action of one part may be deranged by disease in another, but disease there must be somewhere. Now in the urine we often observe varieties in the proportion of its constituents, producing various degrees in the depth of its color and the formation of deposits, in consequence of some of its constituents combining into insoluble compounds; and all these are, as we see in daily experience, produced by very slight disturbances derived from remote organs; but the discharge of albumen never appears to me to take place except in the cases now mentioned, in all of which there is either primary disease of the organ itself, or else disease affecting it in the same manner as the other secreting organs above mentioned. When we inquire how are we to distinguish between these, we must recollect the conditions of the organ affected, how its sensibility is nearly confined to the membranes, and how its substance may in consequence be highly inflamed, with as little pain accompanying it as accompanies inflammation of the lung or the liver, as long as the membranes of these organs continue unaffected.

Pain, then, is not to be sought for as a symptom of nephritis affecting the substance of the organ; there is, certainly, a dull pain in the region of the kidneys in many acute cases, but the vagueness as to its seat, and its liability to be confounded with muscular pain, render it doubtful in diagnosis, while its absence utterly fails in proving a negative. The cases of nephritis accompanied by violent pain are those in which the pelvis of the kidney, and the ureter are engaged, and especially those connected with calculus. The intensity

of pain in these cases has been given, in all the systematic nosological works, as a leading symptom of nephritis; and thus the real nephritis, consisting in inflammation of the substance of the kidney, has been lost sight of, and has remained in the same kind of obscurity in which pneumonia was long involved, until it was distinguished from pleurisy on the one hand and bronchitis on the other. Having once understood that the kidney may be inflamed, without any remarkable pain accompanying it, and then knowing how frequently the substance of the organ exhibits those changes which in the lung would be recognized as the results of inflammation, and knowing that there is no organ in the body more under the dominion of vicissitudes of climate or intemperance, or which, *a priori*, might be supposed more liable to be inflamed, we are naturally led to ask, what ought to be the symptoms of its being inflamed? The answer to this question will be the symptom's of Bright's disease, as follows:

First, Dull pain in the region of the kidneys, which, however, may or may not be present.

Second, Effusion of albumen, and sometimes of blood-globules, in the urine.

Third, Deficiency of urea in the urine, and the presence of it in the blood.

Fourth, Feebleness of the pulse, coldness of the surface, stoppage of perspiration.

Fifth, General œdema, and effusions into the serous cavities.

Sixth, Gastric, intestinal, vesical, or bronchial irritation; tendency to coma, and low delirium or convulsions.

The serious effusions in various parts of the body appear under two states. First, in acute cases, when the skin is locked up and the urine at the same time diminished, the increase of fluid in the blood appears to seek this mode of relief. Secondly, in chronic cases, when, either from the presence of urea or from the constant drain of albumen, or from both causes combined, the quality of the blood is so changed as no longer to stimulate the heart or capillaries to their accustomed and healthy action. From the retardation of the circulation thus produced, effusions into the surrounding parts follow as a necessary consequence. To illustrate how the want of stimulation in the blood may produce dropsical swellings, I may mention a case of this disease now under my care, in which, by the

employment of minute doses of iron, combined with alkalies, not only heat of the surface, but also considerable diminution of swellings, has taken place in a few days, without any sensible effect being produced on the skin, the kidneys, or the bowels.

The irritation of the various mucus surfaces, and the affections of the brain, mentioned under the last head, have been very generally considered to be an effect of the urea circulating in the blood; and that such is the case is rendered sufficiently probable from the results of experiments made by extirpating the kidneys in animals. I had a case the year before last confirmatory of this opinion. A widow, fifty-six years of age, had, as was discovered after death, a growth of cancerous structure embracing the neck of the uterus and extending to the posterior wall of the bladder. Here it had completely closed up the orifice of one ureter, and had rendered the other impenetrable, except by much manipulation and application of strong pressure with a probe; both ureters were much, and nearly equally, distended; one kidney enlarged, with granular structure, and the other beginning to be atrophied; there was some fluid in the peritoneum. She was received into the hospital making no complaint, except that she had not passed urine for several days, and that she had repeatedly vomited. The bladder was repeatedly examined, and always found empty; according as the vomiting ceased, a state of constant drowsiness came on, and she eventually became comatose, and died on the fourteenth day from the commencement of the stoppage of urine.

From a review of these facts, I am forced to the opinion that the appropriate name for Bright's disease of the kidneys is nephritis, and that, *mutatis mutandis*, we have in it the same pathological state as that which we call pneumonia in the lungs, characterized by an albuminous discharge and impeded function during life, and by hepatization and cirrhosis after death.

With regard to the cause of the disease, I have only to repeat my conviction that it is, in a great majority of cases, derived from the skin. The obstruction of the perspiration, either from cold or from previous inflammation of the skin (as in cases occurring after scarlatina,) or from torpid circulation in the cutaneous vessels, by which all the changes arising from climate are thrown on the interior, is the great agency in the production of this disease. Dr. Fourcault, of Paris,* has almost reduced this to demonstration. He applied var-

* *Lancet*, 1844.

nishes to the skins of animals, and found that one of the most invariable consequences was the production of albumen in the urine.

The treatment of this disease will evidently be much influenced by the opinion the practitioner has formed as to its cause. I incurred the doubts and censures of some truly estimable critics for having stated that I had never failed in removing the dropsical swellings when the entire surface of the body was restored to a perspiring state ; and those censures were fully merited if I had intended to hold out such favorable expectations absolutely and unconditionally. When the healthy action of the skin is restored over the whole surface, and not merely in the hands or feet, then I have always witnessed a removal, more or less complete, of the swellings, *provided*, there was sufficient vital force to maintain the due celerity of the circulation, and that the disease remained uncomplicated with any other. In Drs. Bright and Barlow's cases, published in 1843, there is a considerably larger proportion of cases reported with moist skin than have occurred to me in the disease ; and it is to be regretted that, in so valuable a report, it was not stated in how far the moisture was general, or whether it was not confined to those parts of the skin furnished with copiously secreting mucus crypts, and altogether to be distinguished from the system of cutaneous exhalation. However, taking it as it stands, it appears that all the *moist skins* therein recorded, which ended fatally, were not simple, but complicated, and are as follows : — One, a child, hydrocephalus ; one, valvular disease of the heart ; one, menorrhagia ; two, phthisis : and two, chronic bronchitis.

The means of opening the skin are various ; but, unfortunately, there are many cases in which they will all fail, or not succeed until it is too late, in consequence of the supervention of other diseases. General baths are rarely suitable, on account of the deficient action of the heart and capillaries, and are, on this account, likely to be followed by increased coldness of the surface and extremities, and frequently increased œdema ; even pediluvia are not free from the same objection. I have already mentioned that a one-leg vapor-bath for some hours, and applied for several evenings consecutively, had often induced perspiration in the one limb, which by continuous sympathy was soon afterwards spontaneously diffused over the entire surface. I have subsequently, and frequently with decided success, kept one limb in a hot water bath for several hours, on the same principle ; and I have in my notes an instance in which this one-

leg bath, for two hours every night, assisted by diaphoretic treatment, had failed, until a quarter of a pound of carbonate of potash was added to it, when it at once produced the desired effect. In almost every case a large bag of hot salt, or a jar filled with hot water, placed in the bed at night, furnishes a topical hot-air bath; and the former, although not retaining the heat so long, yet has the advantage that the patient can apply it according to his feelings or convenience.

The diaphoretic which I have most frequently used has been half a drachm of ammoniated tincture of guaiacum, five grains of sulphuret of potassium, and half an ounce of the water of acetate of ammonia, taken at bed-hour; the patient drinking at the same time a whey made of twelve ounces of boiling milk, and one ounce and a half of molasses, of the diaphoretic qualities of which I have spoken on a previous occasion. The topical evacuation of blood in acute cases, and the application of irritants to the region of the kidneys, although not commonly attended with any immediate results, are yet rarely to be dispensed with in a disease like this, demanding the employment of all the resources of our art. The most useful counter-irritation appears to me to be not that which is supposed to act as a drain, such as issues or suppurating surfaces of blisters, but rather that kept up by fresh applications of irritants; for example, straps of blistering plaster applied in succession, and, according as they are taken off, dressed with cotton-wool, while the entire region of the loins is kept covered either with a thick coating of the same material, or occasionally enveloped with a poultice covered with oiled silk. For slighter degrees of irritants, which are often preferable, as affording the advantage of being more frequently applied, we have the paste of mustard, which, being made with hot water, should be at once directly placed with a spoon on the skin, in order to avoid the contact of cold with the back, which, in many cases, causes a peculiarly annoying sensation, worse even than pain. There is also the mixture of mustard paste and oil of turpentine, three parts of the former to one of the latter, which, incongruous as it may appear, is yet strictly chemical, both the fixed and volatile oils being soluble in that of turpentine. This, retained for a quarter of an hour, leaves a redness much more permanent than that from mustard alone, and, when frequently applied, has appeared to produce an effect beyond that of mere counter-irritation.

I have nothing to add on the subject of mercury. In most cases the combination of one grain of iodine with a scruple of blue pill, to be divided into ten pills, and one to be taken thrice daily, succeeds in inducing a mild mercurial action in about four days; and there are few cases in which the anxiety of the practitioner will allow him to abstain altogether from either iodine or mercury; but I have learned, since I last wrote on the subject, never to use these agents for a long continuance, having been led, both in this and a long range of inflammatory complaints, into the habit of using a combination of alkalies, which has appeared to me to exert on the kidney in particular, an action which may almost be considered as specific.

It must be borne in mind that alkalescence is a necessary condition of the blood, that the blood is never found otherwise,* and that the free alkali is soda; that when soda fails, either from deficiency of supply, or from want of power to decompose the muriate of soda in the stomach, the result will be coagulation of the blood in the capillary vessels, and the phenomena of inflammation in those parts where such coagulation has taken place; that both potash and soda taken into the stomach, either uncombined or as carbonates, are freely absorbed into the blood, and thus frequently render the urine alkaline; that both alkalies (and potash especially) have the power of dissolving fibrine, even when much diluted. We are hence led by a chain of facts which, in the present state of our knowledge, must be regarded as admitted, to the conclusion, that if, in any disease, the kidneys contain fibrinous deposits within their vessels, the administration of alkalies ought to be a powerful means for their removal. Nor has their effect weakened my confidence. In every case, where the skin is opened, the patient's strength adequate, and no complication present, I look forward to alkalies as the chief means of restoration. As, however, a long continued use of them causes debility in the action of the heart, considerable circumspection is required; their administration must be often not only restricted in time, but must also be accompanied by stimulants and tonics suited to the exigencies of each individual case.

The combination which I use in the hospital is, liquor potassæ

* It sometimes appears neutral to turmeric, but never to reddened litmus, which is the more delicate test.

and carbonate of soda, of each two drachms, dissolved in eight ounces of decoction of Carrageen moss.* Of this, a table-spoonful is taken in milk every two hours during the day. To the above is frequently added one or two drachms of sesqui-carbonate of ammonia, according to the state of the stomach, and the want of stimulus which may appear to exist. With the observations made in favor of iron in this disease, I, in a great measure, concur; and the indications for it are manifest when we consider the deficiency of the blood-globules in the chronic stages. For this purpose, forty grains of the tartrate of iron are added to the above. This preparation is preferred, not only as having the advantage of not being decomposed by the alkalis of the combination, but as being well received by even irritable stomachs, as not astringing the bowels, and as, according to late communications by M. Leras, of Brest, and Professor Mialhe,† being entirely absorbed, if not in the stomach, yet certainly in the intestines, — whence passing entirely into the blood, it appears to be retained, as is inferred from its not being eliminated by the urine, and from its effects on the system being always in proportion to the dose taken.

The employment of purgatives may easily be overlooked, in our anxiety to strike at the root of the disease; but yet their value can hardly be over-estimated, and is indeed limited only by the tendency to gastritis and enteritis which so generally prevails. If it be true, as is stated, that the stomach and bowels have the faculty of secreting

* This is highly esteemed in Germany, but, like many other of our native productions, is peculiarly neglected in Ireland, although its use was first made known here by Mr Todhunter, about 20 years ago. The decoction has peculiar advantages, keeps for above a fortnight, is not disagreeable to the taste, even without any addition, may be taken in large quantities without sickening the stomach, and is a useful and economical article for dispensary and hospital practice. It also deserves particular notice, as the collecting it would afford a profitable employment for the poor on our sea coasts. The real *Chondrus crispus*, easily known by its flat fronds and broad dichotomous terminations, is commonly mixed up with *Chondrus mamillosus*, which differs from it principally by having small pedicelled capsules scattered over the flat surface of the frond. They ought to be distinguished and kept separate; for while in the former, Dupasquier has, by incineration, detected a considerable proportion of iodine and bromine, the latter, according to the analysis of Herberger, is free from both. For our present purpose the former is to be preferred.

† Encyclographie, 1850.

urea supplementary to the kidneys, then the tendency now mentioned must be viewed as an effort of nature to relieve herself, when the proper emunctories are unable to do so. Certain it is, that a powerful purgative, as elaterium, given with due intervals interposed, tells more on the swellings, and exhausts the strength less, than the plan of daily purging. Having observed absorption of swellings to have been often much promoted when elaterium acted as an emetic as well as on the bowels, and bearing in mind the mutual sympathies between the stomach and kidneys, and the effect of ipecacuanha in stopping hemorrhages, I have been brought to the use of ipecacuan emetics in this disease. To illustrate its effects: the last case in which I gave it was one in which the skin had continued obstinate, and the œdema had been diminished, but only for a time, as it returned, and along with it there were increasing stupor, delirium and diarrhœa. Half a drachm of ipecacuanha, in pennyroyal water, produced a powerful effect, first on the stomach, and then on the bowels. On the next day, a great change was found to have taken place. The stupor and delirium were entirely removed, the diarrhœa ceased, the œdema was greatly diminished, and a commencement of perspiration had taken place on the back, which, in a few nights, was extended over the whole surface; and the case was thus put into a clear way of recovery, which is now nearly accomplished.

Besides those cases in which it becomes a matter of necessity to give sulphate of quina and cordials, and in which, by thus supporting the circulation, we gain time to carry on our operations against the disease itself, there are others in which, after great progress has been made, there still remains, along with albuminous urine, a shifting form of œdema, in consequence of debility supervening on the original disease, and resembling bronchorrhœa succeeding to pneumonia in debilitated subjects. In one of these I lately obtained a very decided change for the better, by means of gallic acid; and in another, although the urine is still slightly albuminous, yet by residence in the country, and attention to the maintenance of the cutaneous discharge, for which purpose the patient wears a chamois dress next his skin, any further progress of the disease has been averted, now for the space of nearly four years. — *Dublin Quarterly Journal of Medical Science*.

OBSTETRICS.

ART. II. — *On Ovarian Irritation*.* By FLEETWOOD CHURCHILL, M. D., T. C. D. & E., and M. R. I. A., Hon. Fellow of the College of Physicians, &c., &c.

The following description relates to an affection which, although very common, is but little noticed in books. This has probably arisen from its having been placed among the symptoms of other diseases, although it is quite distinguishable from them.

It resembles most closely the disease described by Dr. Tilt under the name of subacute ovaritis; but the cases I have seen have led me to differ from that very intelligent writer, and to conclude that the affection to which I refer is not inflammatory. I have, therefore, preferred the term *Ovarian Irritation*.

I have met with it in women of all ages between the commencement and cessation of menstruation, so that I do not think age has much influence in the production of the disease; but I am quite certain that it is most frequent in women of a delicate, nervous temperament, though by no means confined to them.

The chief characteristic symptom is an uneasiness, amounting in the greater number of cases to pain, and in some cases to very severe pain, in one or both iliac or inguinal regions, but most frequently in the left, which Professor Simpson seems to think is owing to the propinquity of the left ovary to the rectum, and the exposure to any irritation thence arising. This pain may be a constant dull aching, or it may be acute and occurring in paroxysms; it is greatly aggravated by standing, and generally by walking; indeed, in the severer cases, I have known the patient quite unable to walk.

There is generally some complaint of fulness about the iliac region, but upon careful examination I have rarely been able to satisfy myself that this was more than a sensation; I certainly never felt any thing like a distinct tumor. There is, however, always considerable tenderness, which in some cases is extreme to the slightest touch. When the irritation is great, it may be extended to the bladder, giving rise to a desire to evacuate its contents frequently, and causing great pain in doing so. Hysterical paroxysms are by no means unfrequent.

* Read before the Association of the College of Physicians, Ireland.

In two of the most violent cases of hysteria that I have seen for some time, there was extreme tenderness of the region of the left ovary, and pressure there aggravated the hysterical paroxysm.

If we make a vaginal or rectal examination, we shall most frequently discover nothing unusual, neither heat nor tenderness nor swelling; in a few cases, however, I have found that moving the uterus laterally caused uneasiness in the side affected. When speaking of a rectal examination in subacute ovaritis, Dr. Tilt remarks, that the ovaries are more or less painful on pressure, and that they are from twice to four times their original size.* This I have not found in the affection now under consideration, and it constitutes one reason for my doubting that it is the same disease as that described by Dr. Tilt.

These are the principal local and direct symptoms I have observed; they vary much in degree, and are in some cases so intense as to resemble an attack of acute ovaritis. They differ also more or less according to the circumstances in which the attack occurs; and in order to elucidate this point, I shall briefly enumerate the circumstances.

1. In patients who suffer occasionally from amenorrhœa, it is not uncommon to find ovarian irritation at these periods, and not altogether confined to them. Whether the ovarian irritation be the cause of the suppression of the catamenia, or merely a symptom, is a question not easily decided. In many cases I think it is probably the primary affection, but in some others it appears to be the result of the amenorrhœa. The suffering is often considerable, and may be prolonged until the next catamenial evacuation; if that be full and free, the pain and tenderness generally disappear.

2. Upon the sudden suppression of menstruation, it is not unusual for the ovaries to be almost instantly affected, either by the form of disease I have described, or by an acute inflammatory attack, which is more rare.

3. In dysmenorrhœa there is more or less ovarian irritation. If we examine the patient minutely as to the seat of the pain during the period, we shall find that it is principally in the region of one or both ovaries and often accompanied by tenderness on pressure. In the majority of these cases I am inclined to think that the ovaries are secondarily affected.

* On Diseases of Menstruation, &c., p. 79.

4. In menorrhagia, the ovaries may apparently preserve their integrity for a long time; but if the attacks be frequent, I have generally found that these organs, one or both, become affected, and that the irritation frequently continues long after the discharge has ceased.

5. I have repeatedly seen this ovarian irritation accompany congestion and erosion of the cervix uteri, but it most frequently comes on after the latter disease has persisted for some time, or after it is nearly or quite cured. The ovarian irritation, however, in these cases, very soon subsides.

6. I have already mentioned its occurrence in hysteria, both when the latter is evidently dependent upon catamenial disturbance, and when the periodical discharge is quite correct.

7. In some few cases I have recognised ovarian irritation in cases where the uterine and ovarian monthly functions were apparently accurately performed, but the patients were of a highly nervous temperament, in delicate health, and without offspring.

These various classes include, I think, all or nearly all the examples of the disease which have come under my observation. In many cases it requires care to separate the ovarian symptoms from those caused by the concurrent disease, but in other instances this distinction is quite obvious. When uncomplicated, the disorder rarely gives rise to any general or constitutional symptoms. Many of the subjects of it are delicate and weak, and of course this attack keeps them so; but ordinarily the pulse is not quickened by it, and there is neither heat of skin nor thirst. The appetite is seldom good, but it is not worse than usual, and the bowels are generally irregular. I have examined the urinary secretion, and have repeatedly found it scanty, acid, and occasionally mixed with mucus.

As to the *pathology* of this affection, there are several points of considerable interest. I think we can entertain no doubt that the ovaries, one or both, are the seat of the irritation: the peculiar and fixed locality of the pain, and its frequent connexion with the ovarian function of menstruation, all confirm this view. But the next question is more difficult to decide positively, viz., is the disorder an inflammatory affection of the ovaries, either acute or subacute? The disease described by Dr. Tilt certainly presents characteristics of inflammation, which I have never observed in the present disorder. The absence of tumefaction generally, and of a distinct tumor al-

ways, the negative results of an examination *per vaginam* and *per rectum*, the intermitting and paroxysmal character of the attack, the absence of all the ordinary results of inflammation (as abscess, accumulation of fluid, &c.), even in the several cases, and the success of a certain line of treatment, are all, to my mind, very strong arguments for the non-inflammatory nature of the disease. In most of these particulars, it differs from the subacute ovaritis of Dr. Tilt. I have certainly seen some cases in which the point seemed doubtful, and it is probable that the one form of disease may, under certain circumstances, merge in the other; but I cannot resist the conviction, that the affection I have described is essentially neuralgic, and not inflammatory.

Again, it may be asked, is this ovarian irritation the cause of the menstrual disorder or its effect, or merely a concomitant symptom? No one acquainted with the present state of ovarian physiology could deny that the integrity of the menstrual function must be largely influenced by the condition of the ovaries. If this ovarian irritation always preceded the catamenial period, I should be inclined to attribute to it the subsequent distress; and in many cases it appeared to me that I could so trace it as the chief cause. But, in some cases, the ovarian irritation distinctly followed the menstrual disturbance or came on towards the termination of the monthly period; and lastly, in other cases, the irritation existed with no catamenial derangement at all. Without doubting, therefore, that ovarian irritation may disturb the menstrual functions in various ways, I cannot agree with those who think that it invariably does so, nor yet with those who are inclined to attribute all menstrual disorders to deviations from the normal condition of the ovaries.

I need not occupy time by enumerating many *causes* for its production; all those which act either upon the uterus or ovary and disturb their functions, may be considered as causes of ovarian irritation, and among these the most frequent, probably, is cold.

I believe that, in many cases, excess in sensual intercourse has given rise to it; and I am also inclined to think, that in a few cases I have known it originate from the entire deprivation of that stimulus. For some valuable remarks upon this subject I shall refer my readers to Dr. Tilt's excellent work,* a review of which appeared

* On Diseases of Menstruation, &c., p. 53.

in a late number of this Journal ; all that he says upon this point is, I think, equally applicable to ovaritis and ovarian irritation.

The circumstances under which the attack occurs, I mean its relation to the menstrual functions, the symptoms, and the peculiar locality of the pain, render the *diagnosis* tolerably easy in most cases. It may, certainly be mistaken for intestinal irritation ; but, in general, there are no other symptoms than the pain to justify such an opinion. The bowels, even if irregular, are free from irritability.

It will, however, require a little more trouble to render it certain that there is not acute ovaritis, which the tenderness might lead us to suspect. But this tenderness is *generally much greater than that resulting from inflammation* ; it is a kind of a nervous tenderness which shrinks from the weight of a finger, as much as from severe pressure. Moreover, in acute ovaritis, the organ is always swollen and enlarged, and it can generally be felt distinctly to be so by an internal examination.

In phlegmonous inflammation of the uterine appendages, or pelvic abscess, as it has been termed, the hard and painful tumefaction is quite plain at the brim of the pelvis, and, therefore, it cannot easily be confounded with the present disorder.

I shall not enter at any length into details of the *treatment* of this disease, inasmuch as I have only my own experience to which I can refer. The choice of remedies will be governed, to a certain extent, by the health, strength, and state of constitution of our patient. With strong, healthy women I have tried leeches to the ovarian region, with some benefit but not complete success, nor in all cases ; from six to twelve may be applied at once, and repeated, if necessary, after an interval. Poultices after the leeching are of use ; and indeed, when no leeches have been applied, I have seen much comfort and relief derived from repeated poulticing. With delicate women, and they are frequently the subjects of this disease, bleeding in any form has appeared to me rather injurious than beneficial.

I have tried the repeated application of small blisters with better results than leeching. The irritation of the surface certainly relieves the pain in many cases, and, if continued, may finally cure it ; but I must confess I have seen it fail repeatedly.

Anodyne liniments and anodyne plasters occasionally seem to afford relief, but they are often of little or no use ; I tried anodyne enemata several times with partial success.

In two or three cases I used the tincture of aconite, applied liber-

ally to the iliac region, but I confess the result disappointed the expectations I had formed.

Having failed in affording any relief in two or three obstinate cases, I determined to try the effect of opium applied to the upper part of the vaginal surface. I accordingly ordered some balls or pessaries to be made, somewhat in the mode of Dr. Simpson's medicated pessaries, each ball to contain two grains of opium, half a drachm of white wax, and a drachm and a half of lard. The whole, when mixed together, formed a ball about the size of a large marble, and I placed it at the upper end of the vagina by means of the speculum, leaving the patient in bed for the rest of the day. The success was quite beyond my expectation; the relief was very speedy, and in most instances complete. Even when the pain did return after a few days, a second application removed it. The tenderness disappeared with the pain, and no unpleasant consequences have resulted in any instance.

I have now tried this remedy in a considerable number of cases, and with almost invariable success. I have rarely found it necessary to bleed or blister since I first adopted this plan; and I recommend it, with considerable confidence, to the profession. I may add that I have tried these pessaries in cases of dysmenorrhœa, applying one the day before the catamenia were expected, with decided benefit.

It is hardly necessary to say that, in this disease, the bowels should be regulated, and gently freed by medicine when necessary. If the appetite is bad, vegetable bitters may be given, and I have generally found it useful to combine some alkali with them.—*Dublin Quarterly Journal of Medical Science.*

ART. III.—*Aneurism of the Common Carotid Artery; Deligation of the Vessel; Death.*

Our readers may remember that the carotid artery was tied some months ago, with perfect success, by Mr. Johnston, at St. George's Hospital. The deligation of the vessel was here undertaken for the sake of commanding hemorrhage from the interior of the mouth, brought on by the thrust therein of the point of a parasol. The boy did extremely well, and presented none of the cerebral symptoms which are said sometimes to follow the interrupted supply of the blood to the brain.

We have now to put upon record an operation of the same kind, performed upon an adult, for the cure of an aneurism of the carotid artery. Though many methods have by turns been proposed to procure the obliteration of the sac,—as pressure, injection, and galvano-puncture,—the results have been so unsatisfactory, that the only means likely to afford permanent relief is the deligation of the vessel on the cardiac side of the tumor. Such deligation seems, however, somewhat hazardous, when so important a trunk as the carotid artery is to be tied; but the cerebral disturbance which might naturally be looked forward to, is in fact very seldom noticed.

It is well known that we are indebted to chance for the discovery of the innocuity of this operation; a surgeon wounds the carotid whilst removing a schirrous tumor from the side of the face, and to save his patient's life, he ties the vessel, and the case does well. Abernethy was the first, in this country, who attempted the operation; Fleming followed his example, and the deligation of the carotid artery soon became an established and acknowledged operation in surgery. The vessel has been several times tied for the cure of aneurism by anastomosis, or erectile tumors in the cheek or eye: Mr. Travers, Mr. Dalrymple, Mr. Wardrop, have successfully operated in this country in cases of this nature.

When the deligation is undertaken for the cure of aneurism, it is of course very advantageous that the tumor should be so situated as to allow of the ligature being applied in that portion of the course of the artery which offers the greatest facility for such operation—viz., in the upper triangle of the neck. But aneurismal tumors are sometimes situated so low down, as to leave but very little room between their lower border and the clavicle; here the dissection will of course be longer, and the whole operation require much caution. Dr. Robertson, of Edinburgh, operated in a case of carotid aneurism where the sac was situated low down, and the tumor had burst into the œsophagus; he made his incision to the internal side of the sternomastoid muscle only one inch in length, and succeeded in securing the vessel. Mr. Fergusson had to surmount a difficulty of the same kind, as the tumor came close to the clavicle; the artery was, however, laid bare and tied, after a careful dissection, which presented more than usual difficulty.

Mary S., aged thirty-eight, and unmarried, was admitted into King's College Hospital, June 11, 1851, under the care of Mr. Fer-

gusson, with a swelling on the left side of the neck, presenting several symptoms of carotid aneurism. The patient has generally enjoyed good health, but has led a dissipated life, and endured great privations. None of her family have suffered from diseased arteries or aneurism. About eighteen months ago she was under treatment at the Westminster Hospital for gangrene of the toes, induced by exposure to wet and cold during two days and nights. Six months since, the patient began to cough, and to experience difficulty of swallowing; about the same time she likewise noticed a small swelling in the course of the carotid artery on the left side, which, however, gave her no pain. The swelling gradually increased to its present size, and the function of respiration became more and more impeded.

On examination, a tumor, about the size of a small fist, tense, pulsating, and tender to pressure, was noticed on the left side of the neck, over the course of the carotid artery. It extended from the base of the jaw nearly to the upper border of the clavicle. No morbid sound of the heart could be detected, but a distinct bruit was heard in the tumor; the general arterial system seemed healthy. The breathing was very difficult. On the third day after admission, the patient became very low and weakly; the dyspnoea was great, as the tumor seemed somewhat against the trachea and larynx. The skin over the swelling was becoming very red and tense.

Mr. Fergusson examined the patient just before proceeding with several other operations; and finding her with so much difficulty of breathing, and the tumor threatening to burst, he determined to tie the carotid artery on the cardiac side of the tumor. The patient had become suddenly worse, and this circumstance necessitated prompt measures; but it had been Mr. Fergusson's intention to use appropriate internal remedies before undertaking the operation—a precaution which would certainly in many instances be extremely useful.

No delay could, however, intervene in this instance, for there was every probability of the tumor bursting outwardly, as it presented a highly inflamed spot, or the patient dying from suffocation. When she was brought into the theatre, the question arose whether, in her weak state, the patient should inhale chloroform. Mr. Fergusson thought that the anæsthetic agent should be administered, but with great caution.

When the patient was completely insensible, or nearly so, and the head slightly raised, Mr. Fergusson commenced with a longitudinal incision, about three inches long, to the inner side of the mastoid muscle, from the lower portion of the tumor down along the upper end of the sternum. After the cellular tissue, fascia, and platysma had been divided, the sterno-mastoid came into view, and as here the vessel lay very deep, Mr. Fergusson cut this muscle across. The sterno-hyoid and thyroid were now carefully divided, as well as some loose cellular tissue, and the sheath of the vessels was perceived. This was cautiously opened upon the director, and the aneurism-needle passed round the carotid artery from without inwards, when the vessel was well secured by a strong thread. Temporary tightening caused the pulsations of the tumor to cease, and when this had been ascertained, the ligature was finally fixed, and the lips of the wound brought together by suture.

No cerebral symptom became manifest after the deligation of the artery, but the pulsations of the radials became much slower; the breathing, which had been very labored, regained some vigor, and the patient was removed in a comparatively satisfactory state.

Mr. Fergusson took occasion to remark, that he had not expected, when the patient was admitted into the Hospital, to operate so soon, as he intended to afford her eight or ten days' rest and appropriate treatment; but the disease had progressed so rapidly, inflammation had set in so quickly, and the dyspnœa was so great, that if not interfered with, the tumor would have burst either internally or externally. On consultation with his colleagues he had expressed his conviction, and they had agreed, that the vessel should be tied forthwith, though the space between the clavicle and the lower portion of the tumor was very short. The aneurism was probably situated on the upper portion of the common carotid, or just at the bifurcation, but to know the exact position was not important as regarded treatment.

He (Mr. Fergusson) had made his incision very long, reaching even over the sternum, as the vessels lie so deep in this locality that plenty of room is very necessary, and on this ground he had divided the sterno-mastoid muscle without hesitation, the more so as this operation is one involving life, and that a muscle was of little importance in comparison. Mr. Fergusson had been somewhat apprehen-

sive of the small veins in that region, in direct communication with the veins of the neck, but the hemorrhage had altogether been trifling; the jugular vein was not seen at all. The best and only step had now been taken for the patient's safety; she might, however, now die from the bursting of the sac either externally or internally. A favorable circumstance in the operation was, that the patient had a very long neck, and was very thin.

At four o'clock in the afternoon the effects of chloroform had been recovered from, the breathing was more regular than previous to the operation, but there was an accumulation of mucus in the air passages which the patient could not force away. She was given squill and hyoscyamus in camphor mixture. At seven in the evening respiration was still less embarrassed, the pulse ninety, the tumor slightly diminished in size, and very tense; but towards three o'clock in the morning the patient was seized with a short convulsive fit, and died soon afterwards, without any previous impairment of cerebral influence.

On a post-mortem examination the parietes of the heart were found very thin and weak; the arterial system immediately above that organ did not exhibit any striking alteration, except the abdominal aorta, where abundant atheromatous deposit was found; the other organs of the chest were healthy. The ligature was firmly fixed, and situated about an inch and a half below the tumor; the latter was filled with coagulum and soft fibrinous masses, and was situated opposite the thyroid body, extending as high as the os hyoides. The aneurism was of the description in which all the coats of the vessels had originally been equally distended; the opening of the artery into the lower part of the sac was smooth and round, and continuous with the walls of the tumor; the upper aperture was about of the same kind, having a slight valve added to it, and the carotid artery, at its emergence, was only half the calibre of the portion which was seen entering the sac. The whole of the latter lay on the left lobe of the thyroid body, on the trachea and œsophagus, these organs being evidently compressed by the tumor.

The vagus nerve, imbedded in the walls of the sac, was seen entering and emerging from these walls, close to the artery; in gently pulling the nerve above and below, its outline could be seen tightening along the parietes of the sac. This peculiar disposition of the

vagus may be looked upon as greatly conducive to the intense dyspnoea which the patient suffered for the last week of her life.

The diagnosis of this case did not offer difficulties of a serious nature, but it will be conceded that too much care cannot be bestowed upon the recognition of the actual nature of the disease; for it is principally in the neck that tumors and abscess may simulate aneurism. Enlarged glands are especially liable to create deception; but it is seldom that the thrill communicated to the hand, or the bruit conveyed to the ear, are so distinct as in true aneurism, as was observable in the foregoing case. The full dilation of all the coats of the vessels took place in a comparatively short time, six months having only elapsed since the patient perceived the swelling; for such cases as the one related by Mr. Hodgson, where a femoral aneurism destroyed an old man in three weeks, are certainly very rare. It will be perceived that Mr. Fergusson's patient was a female; we need not point out how seldom aneurisms affect women, this fact lending, as we venture to think, much weight to the supposition that violent exertion has much influence on the formation of aneurismal tumors, where vessels are not in a sound state.—*London Lancet.*

ART. IV.—*Fracture of the Inner Table of the Skull, by a blow with the fist.* By MR. J. DEANE.

On the afternoon of Saturday, the 29th of September, 1850, a laborer named John Ladds was killed by Wm. Germain, laborer, both of Chatteris. There was no previous malice; they had always before been on good terms as companions and fellow-workmen. A few angry words having occurred between them, Ladds took off his jacket, declaring he would beat Germain. Threatening then became mutual. Ladds ran to Germain, with all the posturizing of the pugilist, preparing to strike him, when Germain struck him on the head above the ear, on the left side, and Ladds instantly fell, a corpse. I saw him in about an hour. He had the aspect which a young man would present who had died in perfect health. The only abnormal appearance was occasioned by a quantity of froth which was constantly issuing from his nose and mouth. On the Monday following, I made a post-mortem. Instead of froth, a quantity of blood was issuing from his nose and mouth; and on the slightest movement given to the head, blood, perfectly fluid, would escape to any amount. On the examination of the external surface of the skull at the spot

described by the witness present at the time of the injury, there was some little vascularity, and an imperfect elevation of the pericranium on the left parietal bone, directly below the parietal protuberance. On removing the upper part of the skull, I found a lineal fracture or crack of the inner table of the skull, without depression, to the extent of more than half an inch. Along the seat of the fracture a small vein was seen ramifying and ruptured. We had a good deal of trouble in removing the skull-cap, its natural adhesions to the dura mater being in this case very strong; but at the spot of the injury there was no adhesion; and over the greater part of the left side of the head, blood was freely effused and perfectly fluid. There was no other trace of injury or of disease, and all the other organs were healthy; but the blood throughout the whole system was, as is usual in cases of sudden death, fluid. The body was in a most offensive state of putrefaction, although he had been dead only thirty-eight hours.—*Provincial Medical Journal*.

ART. V.—*A Singular Case of Apoplexy.* By EZRA HARLE, M. D.

On Wednesday night, January 15th, I was called to a poor woman in a fit. A few minutes after she had fallen in the street, I was on the spot, and found her dead. At the post-mortem examination we found the following, as I apprehend, unusual appearances conjoined. The brain was surrounded with blood, the ventricles filled, and a quantity at the base—in all about four ounces. This was sufficient to account for the death; but on examining the chest, we found the left lung unusually smaller than the right, marked with long standing disease, and gorged with blood, sufficient of itself to account for death, as in ordinary pulmonary apoplexy. The other viscera were healthy.

The woman being of so spare habit, and about sixty-five years of age, causes the case to appear more unusual; so much so, that one can agree with the words of the deputy coroner, that “we should hardly suppose she had so much blood in her whole body.” Thus proving that persons of very spare habit may be subject to *sanguineous* apoplexy. In justice to the case, it must be said, that shortly before her death she had taken a “glass of gin,” on returning from her “ironing work” in her usual health.—*London Lancet*.

ART. VI.—Chloroform in a Case of Poisoning by Strychnine.

Mr. G., aged about forty, of intemperate habits, took from among some medicines, on the 5th instant, a bottle of strychnine; and supposing it to be morphine, as he said, swallowed a dose supposed to be about one or two grains. In about twenty minutes afterwards Dr. Munson was requested to see him, as he was supposed to be in a "fit." He found him in the following condition:—The whole muscular system rigid; the muscles of the back, and of the upper and lower extremities, rigidly contracted; the head drawn back; articulation difficult; sense of tightness about the chest, perspiration flowing profusely from the face and chest. A number of the physicians of the place came to his assistance. The usual remedies recommended in such cases were resorted to, but without any mitigation of the urgent symptoms. The patient was failing rapidly under the increasing spasmodic action of the whole muscular system. It was now determined to administer chloroform, as death was apparently certain without some relief. One drachm of chloroform was put upon a silk handkerchief, and the patient directed to inhale it. The effect was decisive. The patient (who was at this time in a sitting posture, held so by assistants, who could not move him in the least degree without exciting the most frightful and alarming spasms,) requested to be placed in a recumbent position, which was done without exciting the least spasm. The chloroform was carefully administered for some hours, the patient holding the handkerchief most of the time himself, in order, as he said, "to keep off the dreadful spasms." From this time he recovered rapidly, and on the 7th instant was able to leave for home, a distance of six or seven miles.—*Boston Medical Journal.*

ART. VII.—Solution of Phosphate of Iron and Quinine.

I have much pleasure in directing the attention of the profession to the therapeutical employment of a compound, formed of phosphoric acid, pure quinia, and hydrated peroxide of iron—solution of phosphate of quinine and iron. It was devised by me during the past year, and from an extensive trial of it, since that time, I am enabled to recommend it as a remedy likely to prove highly serviceable in those cases indicating the use of such a combination. As much uncertainty exists respecting the chemical relations of phos-

phoric acid, and the different bases, it is to the therapeutical and not to the chemical value of this compound that I attach importance. I shall avail myself of the earliest opportunity of making further observations on the subject.—*Dr. Cattell of Braunston, Northamptonshire, in Lancet.*

ART. VIII.—*Chronic Diarrhœa—Successfully treated by injections of Warm Wine.*

Those who have had but little to do with chronic diarrhœa, and who consequently know nothing of the uncertainty attending our best efforts to check its progress, will be disposed to question the propriety of publishing any thing concerning the treatment of a disease so common and apparently so readily cured,—but those who have encountered the most obstinate forms of this truly formidable affection, in the South, will thank us for all the information we may be enabled to glean from the medical literature of the day—on the subject.—We think it scarcely too much to say that a confirmed case of chronic diarrhœa, in the South, is almost as incurable as a case of phthisis pulmonalis.

But to our text—M. Cazin has hit upon a simple and certainly an easy plan of treating chronic diarrhœa,—he gives his patient every morning an injection of red wine—at first tepid—afterwards cold,—in the wine he mixes the yellow portion of one or two fresh eggs,—at the same time, his patient is forced to live exclusively on raw eggs, for nourishment—taking two the first, three the second and four the fourth day, according to circumstances.—In this way, his patients are sometimes enabled to swallow during the 24 hours eight or ten eggs, with the happiest results.—In the mean time, the patient must abstain from all kind of fluids, as drinks.—This course of treatment, if persisted in, is attended with the very best results.—*Bulletin Therapeutique.*

ART. IX.—*Cases of Stricture Treated by External Incision.* By JAMES SYME, ESQ., F. R. S. E.

It may be proper to repeat that this series of cases is intended to illustrate and establish the following positions:—

1. That strictures of the urethra may be divided by external incision upon a grooved director passed through the contracted part,

without incurring any of the ordinary dangers attending surgical operations. ["I have now operated on *thirty-eight* cases without any fatal result."]

2. That there is no stricture of the urethra through which such a guide for the knife may not be passed, not by force, but by gentle insinuation, so as to cause neither pain nor bleeding.

3. The strictures of the utmost obstinacy and greatest disposition to resent interference, even of the gentlest kind, may be speedily removed, so as to permit the introduction of full-sized instruments without difficulty or inconvenience.

4. That the relief thus afforded is more permanent than that which can be obtained in any other way.

CASE 2.—George T——, aged forty-five, began to suffer from stricture about eight years ago. Between six and seven years ago he was twice under my care; first for a short period, during which the contraction was only partially dilated, and afterwards for six weeks, when the process was completed through the use of simple bougie. He then went to Canada, and was employed in a remote part of the colony as the agent of a mercantile establishment. Finding the stricture again troublesome, he had repaired to ——, where various attempts were made to pass instruments, but without success. In these circumstances he was advised to seek my assistance; and having crossed the Atlantic with this view, was admitted into the Royal Infirmary on the 12th of June last. The perinæum was greatly swelled and very hard, so as to form with the posterior part of the scrotum one mass of induration. On proceeding to examine the urethra, I found a tight stricture anterior to the bulb, through which a bougie of the smallest size was passed fairly into the bladder at the first attempt. I then carried on the dilatation with the effect of removing the perinæal hardness, and relieving the patient from his distressing symptoms, so that he was dismissed as cured on the 11th of September.

On the 21st of November he returned in a worse plight than ever; the swelling in the perinæum having recurred to more than its former extent, and there being not only very frequent calls to void his urine, but also an inability of retaining it. I had no doubt through the use of bougies temporary relief might again be afforded; but from the repeated relapses which had taken place, distrusting the permanency of any good effect obtained in this way, I concluded that division of

the stricture would be expedient, and, to facilitate this proceeding, made a free longitudinal incision through the perinæal swelling, which was afterwards poulticed for a few days.

On the 28th, the swelling having become greatly diminished in size and hardness, I introduced a grooved director, divided the stricture, and secured a moderate-sized catheter in the bladder. The bleeding at the time of the operation and subsequently to it did not altogether exceed two teaspoonfuls. The catheter was removed on the 30th. The urine came partly by the urethra and partly by the wound until the 17th of December, when it flowed entirely by the natural channel. On the 24th the wound was completely healed; instruments of the largest size were introduced and withdrawn without the slightest difficulty or feeling of constriction, and the perinæum was perfectly natural in form as well as consistence. The patient remained another week, and was then dismissed, expressing the most confident persuasion, founded upon the difference of his feelings from those experienced on any former occasion of relief, that he was at length free from stricture; his reply, when asked how the stricture was, always being, "I have no stricture now."

CASE 3.—Towards the close of 1844, Dr. Wickham, of Penrith, brought me a patient, apparently laboring under formidable disease of the urinary organs. His age was about 45 years, during twenty-seven of which he had suffered from stricture of the urethra, and been under the treatment of various practitioners. Latterly, finding the complaint more troublesome than at any previous period, he had repaired to a surgeon in Yorkshire, who had formerly afforded relief, and remained under his care for many weeks, without experiencing benefit, or indeed ever getting an instrument passed through the contracted part; and in addition to his other sufferings, he became afflicted with a swelling in the perinæum, of such stony hardness, as to suggest the suspicion of carcinomatous degeneration.

On examination, I found that a full-sized bougie could be carried down to the verge of the anus, and consequently beyond the region of stricture, but no further; from which I inferred the existence of a false passage, resulting from the means that had been used, through the forcible and continued pressure of a large catheter with the view of thus effecting dilatation—a method, it may be remarked, which, like some other means of treatment, is most applicable to those cases

where the stricture exists only in imagination. The perinæal swelling was about the size of a hen's egg, distinctly circumscribed, and extremely hard, but on the whole suggested the idea of its being the effect of local irritation, rather than of malignant action.

I, therefore, commenced the treatment by making a longitudinal incision in the course of the raphe of the perinæum, and then applying poultices with the effect of greatly reducing the induration and enlargement. Through careful exploration of the urethra, a small bougie was then conveyed into the bladder, and followed by a succession of larger ones until the patient seemed able to go home with the prospect of complete relief. In a very short while after doing so, he began to suffer as before, and in the spring of 1845 again placed himself under my care, with all the symptoms of stricture in their most aggravated form.

I then resolved to divide the stricture by external incision, and did so upon a grooved director, which was with some difficulty guided through the contraction. Upon trying to pass a catheter into the bladder, I encountered an unexpected difficulty, from the instrument constantly taking the false route, so that after descending to the verge of the anus, it could not be advanced farther.—Concluding from this that the contracted part had not been sufficiently divided, I reintroduced the director, and extended the incision through the urethra beyond the orifice of the false passage; after which a catheter was readily conveyed into the bladder. The patient experienced no inconvenience, and in the course of two or three weeks was completely restored to health, far beyond what he ever expected, or almost recollected, to have enjoyed,

About three years afterwards, having, as it was alleged, led a rather irregular life in the intervals, he returned under the apprehension of a relapse being threatened; but I found that the urethra, though slightly contracted, readily admitted instruments of the full size, and therefore sent him home, with advice to have a bougie passed occasionally by Dr. Wickham. In a letter from this gentleman, dated the 11th current, replying to an inquiry from me as to the patient's state, it is said that he had bougies passed regularly for a considerable period, but for a long while past has not made any application for the purpose. Dr. Wickman adds, "I have always considered this as a capital case, and should any of my patients get into

the same state, I shall strongly recommend the same means of relief to be used."

While professional opinion at home is so much agitated in regard to the treatment of stricture, it may be interesting to know what view of the subject has been taken by our brethren of the Antipodes, and I therefore add the following extract of a letter from Dr. Macewan, of Sydney, addressed to Mr. Spence, Lecturer on Surgery, and Assistant Surgeon of the Royal Infirmary here. It is dated September 8th, 1850.

"With regard to Syme's work on Strictures, which you sent me, I had already put that practice in force [having learned it from his *Pathological and Surgical Essays*] twice, with the best and most perfect success. In the first case the man applied to me four years ago; the stricture was where the penis folds over the scrotum, and was cartilaginous to an extreme degree. I did no good to him, the sight alone of the bougie almost giving him constitutional irritation for three or four days. He left me, and hawked himself through the profession here with no improvement. I saw him in the street, a wretched object, a few days after Syme's case, about two years and a half after he forsook me, and prevailed upon him to come into the hospital. I rectified him a bit, placed him under chloroform, cut through the stricture, introduced No. 8, and dismissed him cured in three weeks. He has continued quite well since, and evinces his gratitude in divers uncouth ways. The other case was somewhat similar, except that it resulted from injury, and was situated farther back.—*London Lancet.*

ART. X.—*An Account of a fatal Case in which an accidental Injury to the Brain was undetected during Life.* By GEORGE ANDERSON, M. D., Surgeon 12th Royal Lancers.

Trumpeter Henry Grainger, aged thirty years, was admitted into hospital on 27th February, 1851; he was seen at the morning visit, at 10 o'clock, by the assistant surgeon, Dr. George, who found him in bed, and considered that his ideas were somewhat confused, but attributed this, in part, to indulgence in drink the previous night (the 26th), as, on questioning the patient as to what was the matter with him, he said that on the previous evening he had been fencing with a walking cane with some of his companions, and that he had

received a blow on the nose, or a thrust from a cane in the face. On examination, a small punctured wound was observed on the left ala of the nose, which did not appear larger than the wound arising from a leech-bite; and at this time, though somewhat taciturn, he appeared perfectly sensible, and answered readily the questions put to him.

Fomentations to the wounded part, and aperient medicines, were the remedies prescribed, and no unfavorable symptoms supervened during that day.

At the morning visit on the 28th, he was considered as not better, nor as sensibly worse, though there was no doubt that he was at this time laboring under a considerable degree of stupor: yet no alarming head symptoms were manifest, and, consequently, no particular examination of the parts where the wound existed was made, and the only additional remedy prescribed was a cold lead lotion to the head and face, and the purgative medicine was repeated.

About 6 o'clock on the same evening I was called by the hospital sergeant, who stated to me that Greinger was much worse; and though Dr. George informed me, at muster parade in the forenoon, that he could not account for the continued symptoms of drowsiness and stupor in his case, I certainly did not suspect, either *before* or *after* seeing the patient, that there had been any wound of the brain, much less that a foreign body had penetrated to that organ, and was firmly impacted in the patient's skull. When I first saw him this afternoon he was struggling violently with the attendants, who required to use force to keep him in bed; his breathing was stertorous, and he was puffing with the lips; the right eye was fully expanded or staring, and its pupil greatly contracted; ptosis of the left eye-lid existed, and on raising the eye-lid the pupil was found to be extremely dilated. He had passed a large quantity of urine in bed, and his bowels had been open since morning.

On questioning him, or rather calling him sharply by name, he would raise himself into the sitting posture, throw his arms about, and strike at, or take firm hold of any object within his reach.

I had considerable doubt and difficulty in determining on the immediate measures to be adopted, the history of the case being to me quite obscure, and the symptoms being urgent and most unfavorable. Though the pulse was not full or bounding, the action of the tem-

poral arteries was exaggerated, and, therefore, looking only to present symptoms, I opened the right temporal artery, and though this was done effectually, I only obtained about a couple of ounces of blood from it. I then opened a vein in the arm, but did not obtain much more blood in this way. A large turpentine enema was then administered, and grain doses of calomel were ordered every hour or half-hour. I left the hospital with very slender hopes that a fatal issue could be averted, and I had not been much more than half an hour in my room when I was called to the hospital, but before I reached it the patient had expired, after a violent convulsion attended with great discoloration of the countenance. The fatal event occurred at about quarter past 8 o'clock on the evening of the 28th of February, 1851; and the features of the deceased appeared calm, and not distorted, when I saw the body.

The autopsy took place sixty-three hours after death, on Monday, 3d March. On removing the calvarium the dura mater presented nothing abnormal, but when it was removed a considerable degree of chronic arachnitis was presented, and the pia mater was found to be very vascular. After dividing the falx cerebri the anterior lobes were raised, and, gradually proceeding backwards, we had got as far as the division of the optic nerves, when the scalpel struck on a metallic point or substance directed obliquely upwards and backwards, and protruding into the cavity of the skull, close to the left side of the sella turcica of the sphenoid bone, and pressing or lying on the left optic nerve, or left side of the optic commissure.

The cause of the man's death was at once made manifest to myself and Drs. Carte and George, who were present at the examination, as the foreign body was evidently the brass point or ferule of a small walking-cane.

I did not proceed further in the examination, but reported the circumstances to the commanding officer, when a coroner's inquest was ordered to be held on the body.

In the course of the afternoon the coroner held the inquest, and Surgeon Porter, Jun., was the medical man ordered by him to investigate into the cause of the soldier's death. I was present when Mr. Porter proceeded with the further examination of the brain, and the parts in connexion with the foreign body. On probing the nostril the end of a foreign body could be detected, and before it was removed by Mr. Porter from the situation it occupied in the skull, it

was evident to all present at the examination that it was the broken end of a cane, of which the ferule or brass point presented itself in the inside of the skull, by the side of the posterior clinoid process of the sphenoid bone.

Dr. Carte afterwards made a section of the skull, by which the course of the stick was exhibited. The point of it had pierced the left ala of the nose, at the junction of the cartilage with the bone, taking a direction upwards, backwards, and a little inwards; in its course it grazed the inferior and middle turbinated bones, passed through the great cell in the body of the sphenoid, breaking off and carrying before it the posterior clinoid process, and finally impinging upon, but not rupturing the membranes covering that portion of the anterior lobe of the brain in immediate relation to the optic nerve of the left side. Anatomically speaking, there was nothing to oppose the onward progress of the stick, for in fact it passed up the nostril, the only resisting part, after it entered the skin and cartilage, being the body of the sphenoid itself, which, in the present instance, was very slight, its walls affording almost no resistance, in consequence of their extreme thinness.

It is evident that, while fencing as he had described, the cane had accidentally struck the unfortunate man's face, probably from his own act in parrying the thrust, and that the point of it had entered through the left ala of the nose, passing obliquely upwards and backwards, until it emerged, as described above, by the side of the sella turcica. I should think that the cane had broken off *short* in the nose when it was being withdrawn by his assailant.

Mr. Porter appeared to be of opinion that the brain presented an inflamed appearance, but this may have been more apparent than real, and may in part be attributed to post mortem effects and exposure to the atmosphere, which latter had caused the blood in the vessels to assume a more vermilion appearance than it presented on the morning of the examination.

There can be little doubt if a detailed and accurate account of this unfortunate fencing match had been obtained at the time of the patient's admission into hospital, and the stick which inflicted the injury had been produced (which was done after the man's death, and shown to me), that the attention of the medical officer would have been directed to what he, without any further information than the patient's negative statement, considered only as a trivial puncture in the ala of the nose, and would have, undoubtedly, led him to as-

certain that there was a foreign body impacted within the nostril, and, probably, passing backward so as to touch the brain.

I am inclined, however, to the opinion, that had all the above information been obtained at the time of the unfortunate soldier's admission into hospital, the foreign body might not have been extracted from the situation it occupied in the man's skull, as it required considerable force to drive it with a punch and hammer, from within outwards, in the dead body; and if it had been extracted, the question arises, what chance was there of a fatal termination being averted!—*Dublin Journal of Medical Science.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

ART. I.—*Operative Surgery.* By FREDERICK C. SKEY, F. R. S. 8vo., pp. 661. Philadelphia: Blanchard and Lea. 1851.

From the abundance of excellent modern works now extant upon the principles and practice of Surgery, it *seems* to be hardly a supposable case that another should be so soon needed by the profession. We had supposed that Liston and Ferguson, Miller and the Coopers, Chelius and Velpeau, together with a number of others worthy to be enrolled among the best, had so thoroughly surveyed and occupied the whole field of Surgery, that little could be added of value for many years, even by the master spirits in this department of the healing art. With these views, it was very natural, on turning over the introductory portion of the work before us, to look for an apology or a good reason for its appearance. On the first page of the preface, and in the first paragraph, we have it, and we must confess it to be a tolerably defensible one. Mr. Skey remarks that—

“The following Work was undertaken in compliance with the advice of some professional friends, who equally felt with myself the want of a book on the subject of Operative Surgery, which might become, not simply a guide to the actual operation, and embrace the

practical rules required to justify the appeal to the knife, but would embody, at the same time, such principles as should constitute a permanent guide to the practitioner of Operative Surgery, and without which, all claim to its scientific character is lost."

It is a fact, the evils of which we have often observed, that the works on the principles and practice of Surgery have been, for the convenience and information of the student and general practitioner, too exclusive in their character. That is to say, those authors who have hitherto written on Operative Surgery, have mingled too few of its great principles with its practical illustrations. The principles and practice of Medicine and Surgery are naturally so intimately blended, and so dependent upon each other, that they can never be disunited with impunity.

There is no department of our profession surrounded with so much *eclat*, so terrible and yet so attractive, as Operative Surgery. It is the battle-ground upon which the heroic votaries of our profession meet the enemy, and expect, by their intrepidity and skill, to win laurels and acquire enviable renown. Few students pass through their pupilage without acquiring a love for the exploits and conquests of Surgery, and practitioners generally are prone to become charmed by its display. This is very natural, and very far from being incompatible with usefulness or high professional standing. We have just as much right to admire Surgery, and to seek a surgical reputation, as one in the practice of medicine or law. But we regret to say that there are not a few among us whose love for operative display, and ambition for fame in human butchery, lead them to transcend the sound principles of Surgery, and even those of morality and common sense. There have been, there are, and probably there always will be, men, having a place in our profession, who labor under a kind of *cacoethes operandi* to such a degree, that they can never allow a patient to glide smoothly down to the grave with a tumor, however complicated, malignant, or inaccessible, without importunately advising an operation. The universal argument employed, if such it may be called, is, that the patient will die without it. To such we would commend the following paragraph, which could not well be more judicious and to the point:

"I would go as far as any man in the effort to restore a life jeopardized by disease, so long as the chance of benefit would more than

balance the consequences of failure. But it must not be forgotten that the interests of Operative Surgery invariably suffer from unsuccessful, and still more from fatal operations; that, under the most promising condition, human nature shrinks from its appeal with fear and revulsion, and that failure in one case will probably deter many from submitting to operations which offer results far more encouraging. There is no eclat, no grandeur in a large surgical operation, but that which it derives from its success. The admiration of its performance, however well executed, is restricted to the limited circle witnessing it; the failure and consequent death of the victim become the property of rumor, with her hundred tongues, which proclaim to the credulous world, that a human life has been wantonly sacrificed to gratify a morbid passion for notoriety, not to attribute the result to a still less commendable motive."

Another commendable characteristic of this work we give in the author's own words :

"I have endeavored, as an English metropolitan surgeon, to carry into execution at least one primary object, viz., to strip the science of Operative Surgery of a false glare, mistaken by the ignorant for the brightness of real excellence, to check a spirit of reckless experiment, and to repress rather than encourage the resort to the knife as a remedial agent. I do not pretend to have executed my task perfectly, or even to have reached the level of my own view of the necessities of the case. It may be charged against me that I have expressed freely, and perhaps more authoritatively than I am entitled, my own individual opinions, and have made little reference to those of others. In answer to this charge, I have only to remark, that I do not profess to give the multitudinous opinions of other men, and yet I have not withheld them. I have quoted the opinions entertained by most of the eminent members of the surgical profession, so far as a general intercourse and an extensive acquaintance have enabled me to command it. The character of my mind is not attuned to authority, and it has been my practice, no less than my principle in life, to think for myself. A tolerably extensive intercourse with disease has led to the opinions which I have embodied in the following work : I profess no more."

The body of the work is divided into XXVIII. chapters, each discussing a distinct subject in Operative Surgery. The subjects

themselves differ but little, in nomenclature or arrangement, from those of other similar works.

Mr. Skey makes some very judicious and encouraging remarks on the use of chloroform. He expresses an opinion that this agent was never the cause of death in any of the cases wherein it was supposed to have proved fatal. He further remarks, that—

“On the other hand, the records of St. Bartholomew’s Hospital point to its successful administration in upwards of nine thousand cases; in not one of which, including the aged and the young, the healthy, the infirm, and the asthmatic, has its employment left a stain on its character, as an innocuous agent of good. Under all circumstances, its careful employment may be unhesitatingly resorted to in all cases, excepting only such as are marked by determination to the brain of an apoplectic type; secondly, under circumstances of great and serious exhaustion from loss of blood; and thirdly, in diseases of the heart. In these conditions of the system, it is perhaps better avoided.”

We are not prepared to abandon preparatory treatment in cases of severe surgical operations, as recommended by our author. We believe, in a majority of cases, the following directions on this subject are unscientific and unsafe:

“One of the most important questions connected with operative surgery, relates to the treatment of the patient preparatory to the operation. It was formerly the practice to subject him to the medical discipline of purgation and deprivation of food, with a view to prevent the occurrence of inflammation. But since the commencement of the present century, more enlightened principles of the economy have prevailed, and the old system is deservedly exploded; but something still remains to be done. The purgative system yet injuriously thrives, as the mistaken antidote to inflammatory action, and other consequences of violence to living structure.”

Our readers will not look upon the following remarks on after treatment as altogether sound:

“The after treatment of operations,” our author says, “should be dictated by common sense. We rely on nature rather than on art. It is a part of this improved principle to eschew large and heating poultices and cataplasms; to promote comfort, rather than warmth;

to *consult ease*; to forego the mistaken agency of medicine; to arrest hemorrhage by the careful application of appropriate means, and to tranquillize the nervous system; in short, to follow nature, and not to attempt to lead her. Extra vigilance will be required in cases in which a large quantity of blood has been lost, because it is in such examples that we look for sinking, and the effects of prostration. Generally speaking, the earlier we can supply the lost blood to the circulation the better; and this can only be effected by the administration of nutritious food, which, for a time, the patient is indisposed to take; but when present, the inclination should be indulged to the extent of appetite, and hailed with pleasure, as the happiest testimony to the rallying powers of the constitution. I cannot, while on this subject, withhold my protest against the employment of simple decoctions of meat, beef-tea, for example, as agents of nutrition, with which patients, panting for nourishment after loss of blood, are indulged. If a basin of beef-tea or ordinary thin gravy soup be given to a hungry boy, it will be found that his appetite for solid animal food is entirely unshaken; he will subsequently consume his usual quantity of meat. I do not dispute the authority of Liebig and other chemists; I only state the results of my observations. If a patient express a natural desire for food, nature may safely become our guide, and his appetite should be indulged in moderation."

We have not space for further quotations. The work, in many points, is exceedingly meritorious, and is written in a stirring and vigorous style. Though sometimes a little defective in clearness of definition and systematic arrangement of the different departments of the same subject, we believe it to be a creditable work and a valuable addition to our surgical literature. Although not as extensively known as some others, yet Mr. Skey is a reputable London surgeon, and has a service in St. Bartholomew's Hospital, one of the oldest and most extensive charities in that great metropolis. His book will amply repay its perusal, and will become, in most respects, a safe guide to the student and practitioner in the great department of the healing art of which it treats. Its mechanical execution in all respects, in paper, type, illustrations, and binding, reflects great credit upon the publishers, who are already well known to the profession.

ART. II.—*A Practical Treatise on the Diseases and Injuries of the Urinary Bladder, the Prostate Gland, and the Urethra.* By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, &c., &c., &c. With one hundred and six Illustrations. 8 vo., pp. 726. Philadelphia: Blanchard and Lea. 1851.

We most fully acquiesce in the truth of the author's remark, that "No apology can be necessary for such an undertaking. For many years I have myself felt the want of just such a book, or, at any rate, of one very much like it. No practitioner, who has been at all extensively engaged in the active duties of his profession, can have failed to perceive, as well as to lament, the defects which exist in the literature of this particular department of the healing art. While every other organ of the body has had its expounder and monographist, it is a singular fact that no systematic treatise has yet appeared, in the English language, on the maladies of the structures in question, especially those of the bladder, which are so common and so important, both in their pathological and practical relations."

The causes of this paucity of literature on the diseases of the urinary organs may be inferred from the facts set forth in the following paragraph opening the author's chapter on the urine. He remarks that "There is no fluid, which, even within the limits of health, is liable to so many variations in its physical and chemical properties as the urine. Its quantity, also, is extremely uncertain, as it is influenced by numerous circumstances, especially by the state of the skin and the amount of liquids received into the stomach. On an average, however, a healthy person voids about forty ounces in the twenty-four hours. From this it may range from twenty ounces, as the minimum, to fifty ounces, as the maximum."

When we take into consideration the fact, that the kidneys and other urinary organs perform functions among the most important in human physiology—that they are, in health and disease, the principal depurative organs of the body, forming the avenues, and almost the only avenues, through which flow the most poisonous, irritating, and pernicious elements of the blood and other fluids—it is a matter of surprise that so little has been done to elucidate the subjects connected with them. It is a lamentable fact, that the profession is sadly deficient in this department of human pathology. While diseases of the kidneys, bladder, and urethra, are among the most grave, and at the same time among the most common with which we have to

contend, we find them everywhere the least perfectly understood, and consequently most unsuccessfully treated. There are several causes, perhaps, which have produced this state of things. Some of them are found in the foregoing remarks of the author respecting the great variety of conditions of this excretion; but another, and one equally potent, is discovered in a want of familiarity with the principles and manipulations of chemistry which exists so generally among even our most respectable and scientific physicians. The time has come when the profession *must give more attention to this subject*; it cannot be neglected with impunity. Works of the highest order on the pathology and therapeutics of this class of diseases are emanating from the press, and no valid excuse can be offered for inattention to them.

The body of the work before us is divided into three parts. These are preceded by five chapters comprehended under the head of "Introduction." The introduction occupies 93 pages, and contains a full illustration of the anatomy of the perineum, urinary bladder, prostate, and urethra, together with a concise description of the urine, with some of its more important variations in health and disease.

Part I. comprehends the diseases and injuries of the urinary bladder, and is divided into XIX. chapters. Under this head we have described the malformations, inflammations, chronic lesions, and morbid growths, of this organ; also, worms, hydatids, foetal remains, hair and air in the bladder, hemorrhage, retention and incontinence of urine, with urinary deposits, stone, and foreign bodies in the organ.

Part II. takes up diseases and injuries of the prostate gland, and is divided into X. chapters, which treat of wounds, inflammation, hypertrophy, atrophy, morbid growths, hemorrhage, calculi, and phlebolites of this organ.

Part III. is devoted to injuries and diseases of the urethra. This part contains XIII. chapters, and in them are considered—Malformations, wounds, stricture, tumors, hemorrhage, foreign bodies, infiltration of urine, abscess, fistula, false passages, &c., &c.

Circumstances, and the cursory examination we have been able hitherto to give it, forbid what the work most richly deserves—a more elaborate notice. We intend, for our own information, to take the earliest opportunity to give it a thorough perusal; and we doubt not, from the chapters we have read, and from the high character of

Prof. Gross as an able and authentic writer, that we shall be edified and instructed thereby.

We have no hesitation in recommending the work to those—and we mean *all* when we say those—who need a more intimate knowledge of the diseases and affections of which it treats. We bespeak for it a wide circulation. Of the mechanical execution of the work we need not speak, as it came from the press of Blanchard & Lea.

ART. III.—“*Anatomy, Physiology and Hygiene*. By CALVIN CUTTER, M. D.”

A notice of this book in another Journal, has called our attention to it, and we feel that our duty to ourselves, to the Medical Profession, to teachers, and the public, requires us to criticise this most remarkable specimen of Medical Literature, which has ever fallen under our observation. The modesty of the author “makes no pretensions to new discoveries in physiological science.” We have no hesitation, however, in declaring that this work is the most original which has ever appeared before the public. It is difficult to decide whether Anatomy, Physiology, Hygiene, Therapeutics, Chemistry, or Natural Philosophy, Mental Philosophy, or Ethics, is most indebted to the researches of the learned author. One thing is certain, the whole book is a standing testimony, that a dissemination of knowledge on all these subjects, is exceedingly needed in our schools.

And it seems to us that a personal appreciation of this want must be the only thing which caused our author to write. In one place (page 26,) he says, “Nitrogen or azote is found in *all* animal matter.” Poor piggy, a large part of thy plump well-fattened body must leave the rank of animal, and be classed where? Again, (page 140,) “food may be highly nutritive that contains no carbon or nitrogen, but when decomposed afford hydrogen and oxygen.” (Hear, hear.) In another place (page 69,) he tells us, that under some circumstances the stomach, liver, &c., “gravitate to the lower portion of the abdominal cavity”!! Again, (page 153,) “Attention to this suggestion will obviate the necessity of cathartic medicines.” Oh tempora! that such a book should be put in the hands of children or students. What we have mentioned are not found by the diligent search of a captious spirit, but they fairly represent the great part of

the whole book, on almost every page of which similar originalities glare out upon us. We ought not to expect, perhaps, that teachers would be capable of judging upon the merits of a book treating upon subjects so recently introduced into our schools. But that a man should put M. D. to his name, and follow it with such a compound as this book, is more than we can conceive or would believe, except we had seen. We protest against calling such a conglomeration physiology. It should be named from its author—Cutterology.

Medical men who would rescue their profession from the imputation of ignorance, which does not belong to it, should see that teachers in their vicinity be enlightened on this matter, and not allowed to sacrifice their own reputation and ours by the use of such a book. The public good also demands that medical men should see that this book is discarded from schools. Nothing can be more innocuous than teaching error in any branch of science, but especially in this. We should say that blank paper is much better than the above book. Quackery in medicine is bad enough, but how much worse it is when it comes in the form of a school book for children. Physiology correctly taught is of such vast importance that it should be an early study in all our schools, and there are at least so many books which have at least the merit of correctness, that there should be no excuse for using one filled to the brim with errors. One thing at least we wish distinctly to discard. However much the author may be indebted to one of the Professors of Starling Medical College, not one of the members of the faculty of that College will stand as voucher for the errors of this book; and it is unfair to make it appear so, without the written permit of the one whose name is used.

ART. IV.—*A Treatise on Dislocations and Fractures of the Joints.*

By Sir ASTLEY COOPER, Bart. F. R. S., Sergeant General to the King, etc. A new edition, much enlarged. Edited by BRANSBY B. COOPER, F. R. S., Surgeon to Guy's Hospital, with additional observations, and a memoir of the author. A new American edition, 8vo. pp. 496. Philadelphia: Blanchard & Lea, 1851.

This work in its former editions has been so long in the hands of the profession, that nothing need be said by us of its character or merits. It is one of those few standard works which can never be

out of date. In Sir Astley Cooper's peculiarly graphic and terse style, it contains a description of all the dislocations, together with the most dangerous form of fractures to which the human frame is liable. These are accompanied with a great number of plates and illustrations, sufficient, perfectly, to elucidate every part of this important department of Surgery.

The memoir of this great man should be read by every member of the profession. No one can read it without being benefitted thereby. It holds up the bright example of him who stood higher in the estimation of the world than any surgeon that ever lived.

ART. V.—*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A. Hon. Fellow of the College of Physicians Ireland, etc., etc., with notes and additions by D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians, Member of the American Medical Association, etc., etc., with one hundred and thirty-nine illustrations. A new American, from the last improved Dublin edition. 8vo. pp. 510. Philadelphia: Blanchard & Lea, 1851.

"Churchill's Midwifery" is well known to be a standard work in this country and Europe, and has been for many years. To its several editions have been added all the improvements, which from time to time by the ablest practitioners have stood the test of observation. The present edition, it will be observed, is edited by our well known countryman Dr. Condie, instead of Dr. Huston, who conducted the former editions. Dr. Churchill is an able and deservedly popular writer, and we speak from personal acquaintance with him when we say that he stands high among his professional compeers at home. Enjoying a fine practice, and endowed with a liberal share of sound common sense, and divested of those professional fancies which lead to impracticable speculations, he is eminently qualified to guide the student and practitioner in this great department of the healing art. We hope the author will long live to enjoy the high reputation he has acquired, and a rich reward for the labor bestowed upon his work.

For sale by Huntington & McIntire.

ART. VI.—*Urinary Deposits: Their Diagnosis, Pathology, and Therapeutical Indications.* By GOLDING BIRD, A. M., M. D., F. R. S., F. L. S. Second American, from the third revised and enlarged London edition. 12mo. pp. 337. Philadelphia: Blanchard & Lea, 1851.

We are happy to see a second edition of this valuable work so soon demanded by the American profession. It is the highest possible compliment to it, besides, it shows that the attention of physicians is being more generally directed to the important subject of which it treats.

The plan of the work is extremely well calculated to interest the student and practitioner, and to guide them in the analytical investigations of the normal and abnormal conditions of the urine. The volume itself is not formidable by its bulk, and yet the author has most lucidly and comprehensively surveyed the whole ground. He has gone back to some of the first principles and simpler manipulations in chemistry, to facilitate the pursuit of those who are not familiar with the intricacies of chemical reactions. He says, himself, in regard to the elementary nature of his illustrations :

“In suggesting the following directions for enabling the reader to become personally acquainted with the most important ingredients of the healthy urine, I am anxious to be regarded as addressing those who are complete novices in chemical manipulations. Directions of this kind are of course quite useless to the adept. By the processes described in the following pages, any one can satisfy himself of the existence of the most important elements of the urine with a very small expenditure of time and trouble, and with no greater amount of chemical knowledge than necessarily falls to the lot of every practitioner of medicine.”

A physician or student in possession of a few chemical tests, a small urinometer and microscope, can pursue, at moderate expense and with great satisfaction, the subject of urinary deposits, and the changes which are produced upon this excretion by disease. No physician's library is complete without this work, and we are confident that no one will regret paying especial attention to its contents.

ART. VII. — *The Transactions of the New York Academy of Medicine.*

We have just received Vol. I, part I, of the transactions of the foregoing recently organized and flourishing Society — printed for the Academy, in beautiful type, on excellent paper, in pamphlet form, and containing 165 octavo pages. The volume contains eleven papers: Four from Dr. Mott, one from Dr. Pliny Earle, one from Dr. A. K. Gardner, one from Dr. Ashbel Smith, two from Dr. W. H. Van Buren, one from Dr. Buck, and from Dr. Metcalfe. The subjects discussed are of the most interesting character. We cannot refrain from laying before our readers a portion of two of the papers, one of which is from Dr. Mott, and the other from Dr. Buck.

Of Laceration of the Corpus Cavernosum Penis, commonly called Fracture of the Penis, illustrated by two Cases. By VALENTINE MOTT, M. D. Read December, 6, 1848.

Among the lesions of important organs, I am not aware that there is anything in the standard works of surgery similar to those I propose to relate in this paper. The *member* to which they are confined is liable to a great variety of serious and, indeed, formidable maladies and injuries, with which all practitioners are more or less acquainted. But few, if any, have met with similar cases, which induces me to lay them before the public.

My object therefore in relating them, is to have them preserved, as also to allay any great alarm that might be excited in the mind of the surgeon, and quiet the fear which is certain to be awakened in the patient.

The affection to which I refer has been humorously styled a *fracture of the penis*. This is, however, a misnomer in surgery, as there is in the human organ no bone entering into its composition in the normal state. In a strict surgical sense, no part can be said to be fractured which has not either bone or cartilage in its constitution. The term rupture or laceration is the proper epithet by which it should be designated. The cases therefore ought to be termed a laceration of the corpus cavernosum of the penis.

A. B., a young man living in Bergen, New Jersey, having been recently married, had his wife a day or two after this event leave him to visit a parent who was ill a few miles distant, where she was detained over night. The bridegroom, on rising from his bed in the

morning, found the penis in a vigorous state of distension. In his haste to dress, not being patient with this natural condition of things, and without giving a reasonable time for its energy to abate, he struck it with considerable violence against the bed-post. At the instant this was done, a noise was heard of something breaking, and at the same moment a manageable condition of the member followed. On examination, as the bed-post was found to be sound, he concluded that his own organ had suffered the injury. He therefore alarmed the family, and it was soon reported that he had *fractured his penis*.

An extensive extravasation of blood immediately followed the injury, through the entire penis, distending it to twice or more times its natural size, changing it very quickly to a dark livid hue, and presenting altogether a most frightful and disgusting aspect.

The greatest imaginable alarm was now excited in the mind of the patient and his friends. Professional aid was summoned immediately from the neighborhood, and from the novelty and urgency of the case, further advice was sought from this city. Among others sent for was the newly made bride, who on being informed of the nature of the fracture, plaintively and innocently remarked, "*that she was sure it never would have happened, if she had been at home.*"

The tumefaction of the organ continued to increase for more than twenty-four hours, until the prepuce rolled over the glans penis, as in watery, urinous, and erysipelatous infiltrations of the filamentous tissue of this part.

Strict rest was enjoined in a recumbent posture. General antiphlogistic treatment was pursued. The penis was turned up over the pubes, and cold discutient lotions were directed to be constantly applied. By pursuing this plan of treatment, the extravasated blood after a few days began to be absorbed, and after a short time was wholly removed, and the member was restored to its normal condition and usefulness.

B. C., a young and healthy man, about thirty-five years of age, unmarried, fellow of the Academy of Medicine, came under my notice on the morning of the 13th of May, 1848.

In a very considerable state of alarm, he made the following statement to me. That on rising from bed he found the penis in a state of full and vigorous erection, and being somewhat in haste to dress, applied his hand on the left side of the member, and suddenly forced it into his drawers. At the instant of doing it he heard a crack, as

he expressed it, and felt something tear. At the same instant the penis began to enlarge, and in a few minutes was distended to twice the size it had in a state of a natural erection, and without the hardness peculiar to this state. As he expressed it, his impression at the instant was, that he had, as he said, fractured it, as there was a stinging sensation of pain.

Very soon after I saw it, and the size was more than double that of a natural erection, soft throughout, and of a dark purple color. The extravasated blood reached completely to the extremity of the prepuce, so that the merest point of the glans penis could be seen. On turning it a little to the right side some pain was felt at a point on the left side of the corpus cavernosum, about half an inch from the going off of the scrotum, and it was there somewhat tender to the touch.

From the statement of the patient, and the unseemly and frightful appearance of the organ, there could be no doubt that the left corpus cavernosum was lacerated.

I advised the doctor to remain quiet in a recumbent position, turn the penis up over the pubes, and use a lotion of camphorated spirits. In the evening it had increased considerably in size, the regio pubis was also much tumefied, and the enlargement had extended over the left side of the scrotum. Leeches were now spoken of; but I feared they might be followed by erysipelatous inflammation and some of its fearful consequences. I therefore advised that a bladder partly filled with pounded ice should be applied constantly over all the affected parts during the night, and the penis to be turned up over the abdomen. This was cheerfully and promptly done. The object in view was to promote the absorption of the extravasated blood, and more particularly to prevent any erection from taking place during the night, by which the extravasation would be greatly increased. During the night, however, while asleep, the bladder was displaced and a partial erection took place, which was accompanied with severe pain at the injured part, and an apparent increase of the extravasated blood. It instantly awoke the patient, when he reapplied the ice, with immediate relief.

The next day the general tumefaction of the penis had a little diminished, but the dark blue color was considerably increased. It was now also apparent over the entire swelling of the scrotum.

On the 10th of May from the accident, the swelling of the penis, scrotum, and pubes had in a great measure subsided, but there was

still some considerable discoloration, particularly of the scrotum. The patient states that the erections are yet attended with considerable pain, and that the penis is curved a little to the side opposite the injury. To the feel as well as sight, there is considerable thickening to the extent of an inch in length by measure, of the corpus cavernosum, and it extends from the centre of the dorsum to the corpus spongiosum, very similar to what a tendo achillis presents after being lacerated.

A Case of Croup in which Tracheotomy was successfully employed.
By GURDON BUCK, JR., M. D. Read April, 3, 1850.

Samuel B——, a lad eleven years of age, residing in Brooklyn, Long Island, was attacked in the month of May, 1849, with scarlet fever, in the treatment of which calomel was freely administered. Profuse salivation succeeded, and destructive sloughing which involved the left edge of the tongue, the gums and the alveolar sockets of the lower incisor teeth of the left side, and the under lip at the left angle of the mouth. Superficial abscesses also formed beneath the scalp and upon other parts of the body. At the expiration of about five weeks from the commencement of his illness, and while gradually recovering from the debilitated condition consequent upon mercurial cachexia, he was attacked with symptoms of croup, of which he was temporarily relieved by appropriate remedies. In a few days, however, the disease re-appeared with increased violence, and notwithstanding the judicious and skilful treatment employed, it advanced steadily towards a fatal termination. Under these circumstances, I first saw the patient on the 8th July, at 1 o'clock, P. M., at the request of his attending and consulting physicians, and found his condition as follows.

He lay in a horizontal position with his head thrown backwards, and breathing with great effort, each inspiration being accompanied with a loud, hoarse, metallic sound. His countenance was anxious, his pupils dilated, and his eyes had a wild expression. The voice was reduced to a whisper. The skin was moist; the pulse, though frequent, was not irregular nor intermittent, and still retained a good degree of force. The respiratory murmur was audible and clear over the entire posterior part of the chest. The patient's situation was evidently one of imminent danger, and inasmuch as the disease had steadily advanced with only temporary abatement, during the preceding forty-eight hours, in spite of efficient treatment, the only

remaining resource that afforded a reasonable hope of relief was the operation of Tracheotomy, without which it was scarcely possible for him to survive many hours. The operation was therefore decided upon without delay, and performed as follows :

A folded sheet being passed round the body confining the arms to the sides and the patient placed so as to expose the neck favorably to the light, a longitudinal incision two inches and a half in length was made over the median line by dividing perpendicularly a transverse fold of skin, pinched up between the thumb and finger of the operator and an assistant. This incision extended over the lower half of the larynx and upper part of the trachea. The subjacent layers of aponeurosis were then successively divided, and the sternohyoid and thyroid muscles drawn to either side. The isthmus of the thyroid body being now brought into view was partly torn across at its upper edge, and partly pushed down till the three or four superior rings of the trachea were laid bare.

After delaying till all hæmorrhage had ceased, the opening into the trachea itself was effected as follows :—A transverse slit, one fourth of an inch in length, was made between the first and second cartilaginous rings; the lower edge of the slit was then seized with a clawed forceps and a triangular piece excised with scissors curved edgeways, the incisions commencing at either extremity of the slit and meeting below at the inferior edge of the fourth tracheal ring. At the instant of perforating the trachea the air rushed in with a hissing sound, and as soon as the opening was completed, respiration was promptly established through it, and in a short time became tranquil and easy. No embarrassment occurred from hæmorrhage into the trachea at the moment of opening it, the precaution having been taken to delay the opening until the flow of blood had ceased. The convulsive cough consequent upon establishing a new passage for the air to and from the lungs was of short duration.

The rapid transition from extreme distress and anxiety to a state of tranquil repose and comfort, was scarcely less gratifying to those who witnessed it than agreeable and welcome to the patient himself. His countenance lost its wild and anxious expression, and became calm and natural. Directions were given to wipe away promptly the viscid secretion from the wound whenever coughing occurred. At 9 o'clock, P. M., we found our patient had slept quietly most of the time since the operation, and his breathing had con-

tinued perfectly easy. Fearing lest the tracheal opening should become contracted by the swelling of the edges of the wound and the accumulation of the viscid secretion around its orifice, a full sized canula of the ordinary shape was introduced and secured in place by a tape tied round the neck.

July 9th. Patient had passed a quiet night. Respiration continued easy and other symptoms were favorable. Removed the tracheal tube, and after cleansing it of the tough viscid secretion lining the inner surface, replaced it as before.

11th. Progress still favorable. The rapid accumulation of the viscid secretion upon the inner surface of the tube rendered it necessary to cleanse it twice in twenty-four hours. On exploring the top of the larynx with the forefinger passed back into the fauces, the aryteno-epiglottic folds were felt to be very much swollen, soft, and pulpy. The epiglottis itself was normal. Applied a solution of nitrate of silver to the larynx by means of a curved whalebone probang.

12th. Increased the strength of the solution to one drachm to the ounce, and applied it daily. The continuance of the obstruction of the larynx without perceptible abatement showed conclusively what would have been the result of the disease if the operation had not been resorted to.

14th. Some diminution of the obstruction in the larynx seemed to have taken place. In closing momentarily the tracheal opening, patient was able to breathe once or twice through the natural passage, but not without great effort.

The application of the nitrate of silver was continued till the 30th, when it was suspended for three weeks, the tube in the meantime being changed twice in twenty-four hours.

September 1st. Still further improvement has taken place. Patient could count up to thirty, and breathe a few times uninterruptedly through the larynx.

5th. A sudden change of weather having interrupted his improvement since the previous date, patient was now again regaining what he had lost. Ordered iodide of potassium in solution, two and a half grains, three times a day. Stopped applications to larynx.

In the month of October following, this patient was seen, and his condition ascertained to be very much the same as when exhibited to the Academy.

ART. VIII.—*Vesico-Vaginal Fistula*. By GEORGE HAYWARD, M. D.
In pamphlet form.

We have just received a pamphlet with the foregoing title, which was originally published in the Boston Medical and Surgical Journal. Dr. Hayward reports twenty operations performed upon nine patients, one being operated on six times, another five, two twice, and five once. In three cases the operation was entirely successful, in five the patients found great relief, so that the urine could be retained several hours, while in two no benefit was derived from it.

The operation, of which we design to speak more at large hereafter, is performed somewhat differently by Dr. Hayward from that by M. Jobert, of the Hotel Dieu, at Paris. The main points, however, are the same. The success of Dr. H. is decidedly encouraging and unquestionably justifies a resort to the operation for the relief of one of the most distressing and disgusting affections to which the human female is liable.

We have also received the following works, a further notice of which is necessarily deferred for the present :

On the employment of Water in Surgery. By Alphonse Auguste Amussat, of Paris. Translated from the French by Frank H. Hamilton, Prof. of Surgery, in the University of Buffalo.

VALEDICTORY. By W. E. HORNER, M. D., Professor of Anatomy, University of Pennsylvania, April, 1851.

Experimental Researches Illustrative of the Functional Oneness, Unity and Diffusion of Nervous Action, &c. By Bennett Dowler, M. D., of New Orleans.

A New Sign Language for Deaf Mutes. By Albert J. Myer, of Buffalo, N. Y.

The twenty-seventh Annual Report of the Officers of the Retreat for the Insane, at Hartford, Connecticut, April, 1851.

Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia, 1851.

Essays on Asylums for Persons of Unsound mind. By John M. Galt, M. D., Superintendent and Physician of the Eastern Lunatic Asylum of Virginia, at Williamsburg.

ART. IX.—*Transactions of the Belmont Medical Society for 1850-51.* Published by the Society. 12mo. pp. 92. Bridgeport, J. G. Affleck, 1851.

This neat little volume, being one of a series already published, reflects great credit upon the Belmont county medical profession. We know of no county Medical Society in the State of Ohio which has been so energetic and self-sacrificing in their organic capacity as this. Its meetings are regularly held and attended, and before it are read papers of the most creditable character, which add much to the literature of our profession.

In the present volume we observe four essays: "On Nutrition and Want." "Importance of the study of Botany." "Diseases of the Teeth;" and "Organization of the Human System and its Alterations." These are followed by the history of five cases, and two Reports. One on "Quackery," and the other "On Improvement in Medicine." We hope our Belmont friends will not weary in well doing. They are certainly setting an example worthy of imitation by their brethren of the entire State.

PART FIFTH.

EDITORIAL AND MISCELLANY.

RETURN OF THE EDITOR.

It is not a little gratifying after an absence of nearly six months from our post, to be able to offer personally with our own hand our salutations to the readers and friends of the Ohio Medical and Surgical Journal. We are happy also, in the consciousness, (if we may be allowed to speak thus much of ourself,) that amidst the fascinations of sight-seeing, and the excitement attendant upon the rapid transition from one thrilling scene to another in a foreign land, we have not in the least abated our zeal for the honor and advancement of our own beloved profession at home. We return to our duties with pleasure, and to a renewal of our acquaintance with our patrons, which has afforded us heretofore so much enjoyment.

In the May and July numbers of our Journal, we gave some account of our European tour, so far as our voyage across the Atlantic, and the London Hospitals, Profession and Schools were concerned. It was our intention to have given another communication for the present number, relating more particularly to incidents in our Continental excursion. As Paris is now the great focal point to which many American students of all ages resort for professional improvement, we think it would not be uninteresting to our readers to give an outline of some of the advantages to be enjoyed there, and a few directions for the guidance of those who design spending a season or two in that beautiful metropolis. But sickness in our family, the fatigues of constant travel, and the press of various avocations have absolutely prevented the accomplishment of these designs. We hope in a future number to be able to take up this subject, and to impart something of the kind to our friends not entirely devoid of interest.

Our grateful acknowledgements are due to Dr. S. Hanbury Smith, Superintendent of the Ohio Lunatic Asylum, for his efficient aid in conducting the editorial department of this Journal during our absence, and also to our contributors for several valuable original communications with which our pages have been graced.

A NEW VOLUME. — The present number commences the fourth volume of the Ohio Medical and Surgical Journal. The increasing number of our subscribers, and the manner in which they manifest a disposition to sustain its publication, encourage us in the prosecution of the work. The three volumes already issued contain a vast amount of valuable matter, contributed mainly by members of the Ohio profession, which adds materially to the general stock of Western Medical and Surgical Literature, and to which reference can always be advantageously made. There are, however, several of our friends who have not paid for the third or last volume, and we regret to say there are a few who have not paid a dollar since their names were added to our subscription list. *Gentlemen*, this business of *dunning* we dislike exceedingly, and we do not intend to do it. We only wish to say all that is necessary to be said to gentlemen, that if

you do not send us the amount of your subscriptions to defray the necessary expenses of the Journal, we shall have to foot the bill ourselves ! May we not hear from you soon ?

STARLING MEDICAL COLLEGE.

The desire on the part of the friends of this Journal, and of the Medical College located in our city, to know something of its condition and prospects, renders it unnecessary to make any apology for transferring to our pages the following article written for the Ohio Statesman, by a gentleman of high professional standing.

“This Institution, as all know, is located in Columbus, the “Capital City ;” and it has now arrived at a period in its history that in many respects entitles it to a passing notice.

THE NEW EDIFICE,

founded by the liberality of the late Mr. STARLING, so far as ornament to the city, architectural skill, and adaptation to the purposes for which it is designed are concerned, is a work that will not fail to impress every one favorably who will be at the trouble to give it an examination.

Located on East State street, a very desirable part of the city, it presents a commanding appearance, and, as a consequence, attracts the notice of all visitors to our place who have any relish whatever for things fine in Architecture. The front of the edifice looks to the North ; it is 135 feet long by 120 feet in width. The building is divided into *three sections*, each having its own entrance, buttress, gable and tower. Entering the central door-way, we come into a large hall, with two rooms on each side, intended for reception rooms. This communicates on the South with a corridor running East and West connecting the East and West sections, and also communicating with two main stair-cases, which start in the basement and extend to the top of the building, each terminating in a tower, one of which is 105 feet in height. These halls and stair-ways communicate with every part of the building in a very convenient manner. The rooms are numerous and well adapted to the diversified wants of the Institution. The east section contains on the first floor a library and reading room ; on the second a museum, to which is attached

a fine gallery ; on the third a room 44 feet long by 25 wide, finished off and ventilated in a very superior manner, for the study of practical or descriptive Anatomy. The *middle* section contains the Lecture rooms, the Faculty rooms, &c., the former of which will each seat about 450 students. The west section is fitted up for the family of a Janitor, and also for a hospital. In every department the rooms, halls, and stair-ways are well lighted by windows, and susceptible of the most perfect ventilation. The roof is covered with tin, from every part of which the water is collected into a common reservoir on the top of the building, from whence it is conveyed by pipes to all the various rooms, and at last discharged into a sewer in the basement, which leads to the river. The whole building will be heated by a furnace in the basement.

The *Order of Architecture* which obtains in this edifice is *unique*. No one, of either ancient or modern origin, is with any constancy observed in the construction. The architect, Mr. Sheldon, appears to be a man of genius, and he has, by combining some of the most tasty and useful elements of several orders, ancient and modern, succeeded in constructing an edifice that must hereafter take the character of a model of buildings designed for similar purposes.

The edifice is not yet fully completed. The work, however, is progressing rapidly ; and, from a personal examination of its progress, made a day or two since, we feel warranted in saying that it will be in readiness to accommodate in a very comfortable manner the class of the ensuing session. Indeed, at the present moment, most of the essential rooms are within a few days of completion ; and students, as a consequence, at a distance, may expect, on coming to Columbus this winter, to hear the lectures delivered in the *new edifice*, the STARLING MEDICAL COLLEGE.

Of the Faculty of this school, it is scarcely necessary to say any thing. To the profession of the "*Interior Valley of North America*," we think its members are favorably known as teachers. In the prime of life, with some considerable experience in teaching, and imbued with a just sense of their vocation, they will be likely to avoid the follies of youth and the dogmas of age, give thorough courses in their several departments, and infuse into their pupils that kind of zeal that will make them active and industrious after they have left the walls of the College, which of all other things is the most essential to success in the profession.

Besides the inducements offered by Starling Medical College for a winter's residence in Columbus, the Public Institutions of the State—the Asylums, the Legislature, and the Penitentiary—will afford much to students of medicine for observation and reflection during their hours of relaxation from the labors strictly collegiate. Here, indeed, may be witnessed, on an extensive scale, the diseases of the mind, from the slightest aberration to the most complete absence of any thing like a faculty; here also may be seen that large class of persons who are laboring under a destitution of one or more of the senses; and lastly, here may be seen, brought together in a very small compass, those who represent the vice and crime of our State. To the affections of each of these classes, a kind of *treatment* is instituted, physical, mental, moral, or medical, that cannot be otherwise than full of instruction to young men just laying the foundations of a Medical education.

In conclusion, we bespeak for the profession, particularly of the West, a consideration of the claims of Starling Medical College to a continuance of patronage; and we feel that we do this with the more propriety, inasmuch as we have but a common interest with the mass of them at large in its success."

A PHYSICIAN.

COLUMBUS, SEPT. 5, 1851.

A Scotch paper says that at the last examination of candidates for the degree of M. D., in the University of St. Andrews, a Mr. Robert Hale, from Norwich, presented himself for examination, and obtained his diploma; but it afterwards came to the ears of the Senatus Academicus, through the medical press, that this gentleman was and is a homœopath, practicing at Norwich. The Senatus accordingly requested him to return his diploma. The homœopath, however, refuses, and we understand that the Senatus will commence proceedings against him.—(*Albion.*)

This is as it should be. We look upon the obtaining of a diploma in a regular school, in order to practice homœopathy under the mantle of the degree of M. D. so conferred, as only *less criminal* in a moral point of view, than the being ordained to preach the gospel, and then mounting the pulpit to disseminate the doctrines of infidelity.

BLEEDING FROM THE TEMPORAL ARTERY IN TYPHOID FEVER.—JNO. B. EVANS, M. D., of Ross Co., Ohio, writes us, that during an epidemic of typhoid fever which prevailed in the fall and winter of 1846-7-8, in the north-eastern portion of Ross county, he adopted the practice of bleeding from the temporal arteries in a great number of cases, and had the satisfaction to see nearly all recover, a result vastly more fortunate than that which followed any other plan of treatment which he had previously employed. Many of the cases in which he used this remedy were exceedingly unpromising and desperate, and some of them far advanced in the disease, and greatly prostrated, as well as comatose and delirious. What seemed to be quite remarkable was, that one or two free bleedings certainly contra-indicated by every rational sign and symptom, not only did not increase the existing prostration, but seemed actually to be followed by an increase of the patient's strength and vital energies. This treatment, practiced at first somewhat empirically, proving successful, it was adopted in most of his cases subsequently, with the happiest effects. We would like to know of the doctor how many cases he treated in this way — how much blood was drawn as a general rule, and what were its immediate effects upon the head symptoms, coma and delirium. Such facts definitely stated, may be of great advantage to the profession, and to suffering humanity.

EPIDEMIC DISEASES OF OHIO, INDIANA AND MICHIGAN. — At the late meeting of the American Medical Association, the undersigned was appointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan, at the next meeting of the Association, to be held in Richmond, Va. In fulfilling the objects of this appointment, it is desirable to make the reports as full as possible; and to do this, the co-operation of the profession in these States is most earnestly requested.

Information, therefore, is especially desired on the following subjects:

Epidemic Cholera,
Cholera Infantum,
Diarrhœa,

Typhus and Typhoid Fever,
Hooping Cough,
Influenza,

Dysentery,	Measles,
Erysipelas,	Scarlet Fever,
Intermittent & Remittent Fevers,	Small Pox, &c., &c.

Any other form of disease, appearing as an epidemic, will be understood as being included along with the above.

The points of greatest interest, to which attention is particularly invited, are causes giving rise to and favoring the propagation of a disease, or checking its progress. Prophylactics, Influence of Age, Sex and Nativity; Prominent Symptoms; Extent of Prevalence; Proportionate Mortality; Post Mortem appearances; Treatment, and any other points that may in any way bear upon the disease; such as Soil, Natural Productions, Condition as to Improvement, Water, Changes, &c., &c.

The time, up to which we prefer having the report made, is March 1st, 1852, extending back for one year, or if any remarkable visitation of disease should have occurred previous to that time, an account of it will be acceptable, carefully designating the date of its occurrence. It is desirable that these reports from the profession, should be promptly made after that date, so as to be in the hands of the chairman by the 10th of March, at farthest.

It is to be hoped this appeal to the profession will not be made in vain; and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

GEO. MENDENHALL, M. D.,

Chairman of the Committee of the Am. Med. Association on the Epidemics of Ohio, Indiana and Michigan.

TO THE MEDICAL PROFESSION OF THE UNITED STATES:—The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancrroid diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, ence-

phaloid, and melanosis ; in the latter, certain maladies of the skin and mucus tissues, as lupus, cheloid, eiloid and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue ; the eye, ears, nose, face, lips, tongue, salivary glands, jaws and gums ; the lymphatic ganglions of the neck, axilla, groin, and other regions ; the mammary gland, uterus, ovary vulva and vagina, penis and testis ; the anus and rectum ; and finally the extremities.

3. The age, sex, temperament, residence, and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

5. Mode of operation ; whether by the knife, caustic or ligature.

6. Time of death, or relapse, after operation.

7. Examination of the morbid products ; how conducted — whether by the unassisted eye alone, or by means of a microscope, and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject, should be sent to the chairman of the committee by the first of January, 1852.

Medical journals and newspapers friendly to the interest of medical science, will confer a favor upon the undersigned by inserting the above notice.

S. D. GROSS, M. D.

University of Louisville, June 29, 1851.

We have received a pamphlet with the following title :

“The Practice of taking Blood in Diseases contrary to Common Sense, to General Experience, to Enlightened Reason, and to the manifest Laws of Divine Providence.”

The first thing that stares us in the face, on the first page, is a PETITION AGAINST BLOOD-LETTING, presented by Wm. Turner, M. D., to the Legislature of the State of New York. Then follow extracts from newspaper editorials, &c., and the “LECTURE IV.,” con-

taining a greater amount of tom-foolery, in the same number of lines, than we remember to have read this many a day. This lecture (!) appears to be by Dr. Samuel Dickson, of London, author of "The Fallacies of the Faculty," "Principles of the Chrono-Thermal System of Medicine," &c. More extracts from newspaper puffs of Dr. Turner, concluding with a copy of a recommendation of the learned Doctor, as a fit person to be appointed Health Commissioner of New York, signed by a number of M. D.'s. Comment is unnecessary.

OBITUARY.

DEATH OF DR. MORTON.—Dr. Samuel George Morton, of Philadelphia, died on the 15th of May last, of Apoplexy. By his great erudition, and contributions to the literature of the profession and to different departments of Natural Science, this distinguished member of the medical profession has been for many years known to the world. His work on the "Fossils of the Cretaceous Group," his "Crania Americana," "Crania Egyptica," and his contributions on the subject of Hybridity, his "Illustrations of Pulmonary Consumption," and his "System of Human Anatomy," have long since placed him among the most learned and authentic writers of the English language. The profession of which he was a distinguished ornament, will mourn his early death, and Science will feel the loss of an able expositor.

DIED, in the 57th year of his age, in the city of New York, at his residence, John B. Beck, M. D., Professor, &c., in the College of Physicians and Surgeons of that city. The New York Journal of Medicine says, that "It is with no ordinary feelings that we announce to our numerous readers the death of this distinguished member of the profession—one who was endeared to us by every tie of friendship and respect, and one who occupied a position in the hearts of his fellow-citizens, and the profession, truly enviable, and which it will be difficult to fill. For some time past Dr. Beck had been gradually failing in health, and even to the casual observer it was easily to be seen that he was slowly yet perceptibly approaching that state "from whose bourn no traveller returns;" still, notwithstanding these premonitions, no one could be prepared for his departure hence. For almost twenty-five years he has occupied a professional chair in the College of Physicians and Surgeons."

THE OHIO MEDICAL AND SURGICAL JOURNAL.

Vol. IV.

Columbus, November 1, 1851.

No. 2.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Notes on Diseases of the Chest.* By JOHN DAWSON, M. D., of Columbus, O.

Our object is to say something on the subject of *Tubercular Phthisis*. Into a consideration, however, of the disease, in all its properties and relations, we do not expect to enter. Much with reference to it is well known; so well, that it is indeed unnecessary to say anything, except what may be incidentally proper in giving our views upon some points still open for investigation.

In submitting to the profession any remarks upon a disease of such common occurrence, we are by no means insensible to the impression which so universally obtains, that nothing of a really practical character can be brought forward by any one, however learned or experienced. An abatement of the force of this feeling may be found in the fact, that it has been by constant, unremitting exertion, that we have obtained our present fund of information, and, that notwithstanding the humiliating term, *opprobrium medicorum*, still stands attached to it, there is good reason to believe that more labor will, as in times past, be rewarded.

In order that we may have some system in submitting a few thoughts on the disease, we will first give, what, for the want of a better name, we may call a

DEFINITION.

Tubercular phthisis, as all know, is a disease of the general system. During its progress it elaborates a certain morbid product, generally denominated *heterologous* or *heteroclite*, which has little,

if any, resemblance to the natural, normal, or pre-existing tissues of the body. The specific name of the product in question is *tubercle*, which, of all the heterologous deposits, is certainly the most interesting, whether viewed in reference to its frequency, the obscurity which envelopes its nature, or the attention it has always received at the hands of medical men. The morbid matter which we denominate tubercle, pervades the entire system ; no organ or tissue that is free from its influence. Chemically, it is constituted of albumen, gelatin and fat, the first element largely predominating ; organically it consists of granules, corpuscles and imperfect cells. From the form in which it fixes itself in the different organs and tissues, it has been divided into several varieties, the *miliary*, the *encysted*, the *infiltrated*, and the *lamellated*. The deposit of the morbid matter varies in size from a millet seed, to that of an orange ; is of different colors, from the light gray of the granulations of Bayle, to the yellow, slate, or black ; has different degrees of consistence, from a fluid, the form in which it is at first deposited, to the firmness of fibro-cartilage ; is made on the free surface of the different membranes natural and adventitious, and in the parenchymatous substance of the various organs ; increases in size by the superaddition of one particle of the heteroclitic matter to another ; possesses some degree of vitality, but not organized in the correct sense of the term ; is collected, when occupying the lungs, its favorite seat, more frequently and copiously in the summit than in the base, and oftener in the left than in the right ; affects all ages, but more common between 20 and 40 ; likewise both sexes, but more frequently females than males, in the proportion of 9 to 7 ; and lastly, the matter undergoes the changes of softening, absorption, or the conversion into the cretaceous transformation.

As a consequence of that most frequent change in the tuberculous matter denominated *softening*, we have cavities, excavations, or fistulous openings. Like tubercle, these cavities may occur in nearly every portion of the body, as the liver, spleen, brain, kidneys, bones, &c., but are most common in the lungs, and at the summit, more generally than at the base of the organs. They vary in size ; have cells, which are at first soft and coated over with a layer of lymph, that often increases in thickness, and in some instances obtain the firmness of fibro-cartilage ; contain generally pus, but sometimes

cretaceous or fibro-cartilaginous substance ; are intersected with the remains of veins and arteries with their calibers obliterated, as if nature had thus made a provision to prevent hemorrhage ; are capable of becoming cicatrized, by the secretion of coagulable lymph which fills up the cavity, thus obliterating it and giving rise to a contracted or puckered appearance.

Thus characterized anatomically, the disease is marked by certain other phenomena, not less indicative of its character. Among these we find — the fat from every part of the system absorbed ; alveolar tissue deprived of its due amount of moisture ; muscles rendered pale and flabby ; cartilages, ligaments and tendons sensibly diminished ; bones shrunk in circumference, rendered light, spongy, and almost completely deprived of their marrow ; viscera reduced in size and firmness ; skin blanched and thin ; hair thin, with a tendency to drop off ; nails soft and incurvated ; blood thin and pale from a deficiency of corpuscles, and imperfectly coagulating, but often buffed, and in some instances cupped ; osseous protuberances all over the body very prominent ; chest flattened ; shoulders stooped ; general loss of muscular energy and strength ; cough at first dry, frothy, afterwards attended with copious expectoration ; pain in some portion or other of the chest ; difficulty of breathing, varying from slight dyspnœa, to a distress bordering on suffocation ; hemoptysis ; pulse generally above the healthy standard, and usually very frequent, and small ; fever of the hectic kind ; diarrhœa usually present in the second and third stages ; aphthæ of the stomato-pharyngean mucous membrane ; œdematous condition of the feet and legs ; capricious appetite ; great sensibility to atmospheric impressions. Along with these there are certain phenomena connected with the respiratory movements, that should not be overlooked. These consist in alterations of the murmur, which is diminished in intensity in the affected portions of the lungs, and rendered puerile in those unaffected ; expirations prolonged, and more intense ; slight, dry, and crackling sound ; sometimes mucous rhonchi ; bronchial respiration, also bronchophony ; cavernous rhonchi, respiration and cough ; pectoriloquy ; metallic tinkling ; dullness on percussion, when the disease is in the incipient stages, especially in the infra-clavicular and supra-scapular regions, which during the progress becomes more and more complete.

With this meagre definition of the disease, we next proceed to the more immediate design we had in writing this article—a consideration of some of the many circumstances favoring tuberculosis; and the treatment which an enlightened view would seem to suggest as being the most rational.

CIRCUMSTANCES FAVORABLE TO THE TUBERCULAR DIATHESIS.

It is now beyond all question that the disease we are considering owes its origin to a certain specific matter, *sui generis* in its nature, and so different from every thing in the organism, or elaborated by it in its physiological state, that, when it finds its way into the system, it vitiates every tissue with which it may happen to come in contact. Whether this poisonous matter, when once perfected, is capable of producing, if introduced into the systems of other persons, diseased action similar to that which characterizes phthisis, is a question which, although gravely discussed at one period, we do not design at present to consider. The *materies morbi* owes its existence in the system, in many instances, to hereditary influences, but much oftener, perhaps, to causes over which the individual possesses more or less control. Among these we enumerate :

1st. *Sedentary habits—Confinement.* That sedentary habits and confinement are very prolific sources of the disease before us, is supported by a number of facts, not less than by reasoning founded upon the changes which must take place in the system from such a course of living. To all it is known that the inferior animals, when taken from their accustomed habits, and confined for any length of time in cages, become affected with the tubercular disease and die. Eminently is this true of tigers, lions, rabbits, &c.—animals, the habits of which are to spend much of their time in the open air, with their lungs actively exercised in trying to procure food. Precisely in the same way do individuals, or whole classes of individuals become affected by confinement. Who is unacquainted with the information brought forward in reference to this matter by Sir James Clark? and Dr. Knight of Sheffield? Having shown the relative frequency of the disease among those persons, the occupations of whom required little or no exercise, and which also have a tendency to irritate the lungs, such as obtains among stone-cutters, miners, coal-burners, flax-dressers, brass and steel-polishers, metal-grinders, needle-pointers, knife and fork-grinders, &c. But who has made

an estimate of the mortality which obtains among the shoemakers, the tailors, the merchants, the clerks, the students of the different professions, etc.? Our own observations, although limited to persons of the classes just enumerated, have extended through a period of some years, and they confirm the opinion long entertained, though we think very little appreciated, that their occupations also predispose them to lung diseases. Nothing has been more common than to see young men taken from the country apparently healthy, but after being confined closely in a town or city for a while, at some sedentary occupation, begin to show the evidences of diseased lungs; and, without seeming to appreciate the influence of the occupation upon their health, blindly continue in it until irretrievably diseased. Nor has this ignorance of the predisposing influences of confinement, related exclusively to the lower classes. Young clergymen, lawyers, and physicians, after having passed through the trying circumstances, to a constitution in any respect effeminate, incident to receiving their education, locate, perhaps, in a city, take an office, and disregard altogether the physiological wants of the system for exercise. Many such—indeed, I may say quite a large proportion of them—instead of realizing the bliss of their expectations in the business world, pass sooner or later into the domains of necrology, victims to the neglect of hygienic measures which it would have been a pleasure to them to have put into execution. At this moment, I have a young physician in my mind, dying of phthisis pulmonalis, whose life has been mostly spent in confinement—the cause, without any doubt, of his premature illness. A short time since a young lawyer applied to me for advice relative to a lung affection. Originally his constitution had been good, without, as far as I learned, any hereditary taint. Some years before studying law, he taught a school, which, together with his confinement in private pupilage, produced an effeminate condition of his system; and when I saw him he was evidently approximating a state of tuberculosis. I advised him to abandon his profession and go to farming. Heedless of my advice, because it conflicted with his future hopes of eminence in his profession, he continued in his office until his disease became confirmed. Few are by no means the number of clergymen, who contract phthisis from similar causes. The confinement incident to obtaining their preliminary education, seldom leaves the system free from some form or other of diseased action. This is usually disregarded, until, per-

haps, it ultimates in dyspepsia, a very common precursor of the disease before us. Thus affected, these young men enter upon the discharge of their ministerial functions. New duties and obligations seem to rest upon them in this capacity, and they make great efforts to succeed. Occupied the most of the time in their studies, preparing their sermons, they live upon light diet; think but little of the necessity of physical exercise; set up late at night, and sleep to a late hour in the morning. Spending the week in this way, the Sabbath at length approaches, the day for which all the rest of the days of the week, for them, seem to have been made. The respiratory and vocal organs, which, through the week, like all the other organs of the body, have had little or no exercise, are now called into vigorous and not unfrequently into immoderate action. This gives rise to hyperæmia, an unnatural accumulation of blood in the mucous membrane of the parts, the hyperæmia is succeeded by structural lesions, and thus the foundation of that very frequent affection called "*Clergymen's Sore Throat*" is laid. This, in connection with the debilitated condition of the general system, which obtains in such instances, and the perverted condition of the function of hæmatosis, sooner or later, ultimates in the deposit of heterologous matter in the parenchymatous substance of the lungs, which betrays its existence by cough, blanched skin, preternatural sensibility to atmospheric impressions, emaciation, &c. At this stage, and generally it is only at this stage, attention is awakened to the fatal tendency of such habits, and efforts are made to rescue the system from the influence of the disease, which are usually about as successful as they would be in rescuing a patient from small-pox, after the poisonous matter had been introduced into the system by inoculation.

More than males do females, in the proportion of 9 to 7, appear to be predisposed to phthisis. An explanation of this fact may, in part, be sought for in a consideration of the same circumstances that are so prolific of the disease in males. Without invoking the constitutional effeminacy of their sex, which, without any doubt, has some agency in producing a predisposition to the complaint, it may be stated, that their course of business and social operations which confine them almost exclusively to the house, is a very fertile cause of those general functional disturbances which pave the way for lung disease. Among the wealthier classes, our young ladies are sent at an early age to school; sometimes to those institutions denominated "*Infant*

Schools," than which nothing is more contrary to an enlightened view of the development of either body or mind. At these institutions they are frequently placed upon a regimen, or system of dietetics, the tendency of which is anything else than to furnish those elements to the system upon which its healthy growth and development depend. Here they are often confined, year after year, without any means of exercise, except what can be obtained within the limited enclosures of the institution, until "*their education is completed!*" After *graduating*, they are taken home; are furnished with some "*light*" work, requiring no muscular exertion at all commensurate with the wants of the organism, and perhaps a piano for evening amusement and recreation. Exercise in the open air, on foot, or on horseback, is not even thought of, as a means of maintaining a healthy condition of the system, or reviving the tone of functions embarrassed in their operations by previous confinement.

And what is equally objectionable, religious scruples in many instances, prevent these parents from permitting their daughters to attend any places of amusement, such, for example, as "*dancing schools,*" the tendency of which is to develop the physical powers, and obtain the exercise so necessary to health. These habits of confinement, upon a class of persons who are to become the future mothers of our race, are not only instrumental in too often blasting all the prospects of the individuals themselves, and those of their parents, who have blindly and unconsciously aided in their formation, but they are witnessed in the feeble, degraded, scrofulous, constitutions of their offspring. Most of the hereditary disease of our day is, in truth, due to such causes. We cannot omit to mention in this connection the case of a certain family with which we have been, for years, intimately acquainted. The family embraced five young ladies. In all there was a hereditary taint of scrofula. Three of these young ladies married men, the business of whom required them to engage in an active and somewhat laborious course of pursuits. They were healthy, and raised families that enjoyed ordinary health. The other two married men whose business rather subjected them to sedentary habits. They both became unhealthy, had unhealthy children, and both died prematurely—one with phthisis, the other with a vitiated condition of all the functions, in which scrofula seemed to act a conspicuous part. There was no appreciable

difference in the constitutions of these young ladies. They all enjoyed moderate health at marriage, and the result was without doubt attributable to their habits of living. Another instance we will mention of a similar character. Two young ladies who were daughters of a farmer, married at the usual age; and at this event presented the general health and vigor of constitution which so commonly obtain among the daughters of men of that occupation. Their future occupations subjected them both to sedentary habits. Soon the blighting effects of such a course became manifest in a pale color of the skin, emaciation, dyspepsia, &c. The cause of their indisposition was overlooked, or rather not appreciated, and both prematurely fell victims, the one to phthisis pulmonalis, the other to a species of marasmus, in which all the great functions of life seemed to sympathise. But why multiply instances of this kind? They constitute a portion of the experience of every physician, and we might also say of every observing man. The great trouble is, they are not appreciated. Parents, intelligent on almost all other subjects, unconsciously permit both sons and daughters to form habits in violation of every physiological law of the animal economy, and what is worse, physicians, who know all about the evil effects of such a course, from the influences of fashion and other causes, too often neglect, in the education of their children, those great cardinal principles, without which the functions of the system cannot be healthily performed, until fatal disease has made its appearance, to reproach them for their delinquency in one of the most important duties of a parent.

Besides positive, we have much *negative* testimony, equally conclusive in showing that a want of exercise is a most prolific source of tubercular phthisis. As all know, the disease is not one peculiar to the human race. The inferior animals present numerous instances of it. It has been observed in birds, reptiles, and insects. In the different species of quadrupeds, such as the ape, monkey, horse, ox, elk, deer, antelope, sheep, goat, hog, bear, dog, cat, tiger, lion, squirrel, rabbit, &c., it has also been noticed. But there is an instructive fact connected with the disease, as it presents itself in these inferior animals. Its frequency among them bears no comparison to what obtains in the human race. A very small proportion of their number die from lung disease of any kind; and a still smaller one from tubercular deposits, except among those confined in me-

nageries, and the milch cows of the larger cities, that are kept from day to day in stables, where it is impossible for them to get any exercise. Their natural habits in the open air protect them. We also see but little of the disease among the aboriginals of our own country, or the uncivilized of the old world. Exempt also to a very considerable extent are those classes of our own citizens whose occupations oblige them to take a great deal of exercise in the open air; such, for example, as farmers, butchers, fishermen, wood-sawyers, &c. It was the remark of an old experienced physician, that wood-sawyers and others who do the drudgery of our cities, whenever predisposed to the disease, live to a greater age than others similarly constituted, but yet in good circumstances, and furnished with all the prophylactics that such a condition of life affords. This is a correct observation, and one that has been frequently verified in our own experience. It is, however, nothing more than a confirmation of the leading position which we are trying to maintain, viz: that exercise, even that connected with hard labor, is not only one of the means of hardening the system against the invasion of the complaint, but is far preferable to persons laboring under a tubercular diathesis, to the confinement and ease usually resorted to by this class of invalids. It was the remark of an eminent British physician, that persons in good circumstances less frequently suffered attacks of phthisis, than the very poor. This observation is perhaps true to a certain extent. 'Those in the higher circles of society in Europe, it is well known, are in the habit of cultivating every thing which has physical exercise in it, except labor. Fishing, hunting, riding on horseback, and, indeed, sports of all kinds obtain with them in an eminent degree. We read an account not long since of a lady of rank and fortune, who was in the daily habit of walking from eight to twelve miles for the purpose of ventilating the lungs. Characterized with such habits, there is of course an immunity from the disease to a greater extent than obtains among the pauper population, who are imperfectly fed, imperfectly clothed, and exposed to the influences of all kinds of weather. The same state of things, however, does not, as we suppose, exist in our own country. The wealthier classes here have not yet learned to take exercise of different kinds for the pleasure and immunity from disease which it affords; while the poor, or those who labor, are well provided for in all re-

spects, and not compelled to labor under so unfavorable circumstances. The result is, that the former class, who have the time and the means, but do not embrace them, suffer very much ; while those who are poor, but whose occupations incidentally afford the requisite amount of exercise, are comparatively speaking exempt.

A consideration of the greater prevalence now than formerly of the disease before us, lends a support to the views we have advanced. Time was, in our own country, and the same remark has been applicable to others, that the disease was comparatively rare ; but now there are good reasons for believing, that one-third of all the deaths which take place annually in the world, are due to it. As the habits incident to civilized society have obtained, the prevalence of tubercular disease has been augmented in a corresponding ratio. Again, in the towns and cities, where the population is dense, and as a consequence the greater proportion of the people prevented from taking anything like the requisite amount, under favorable circumstances, of physical exercise, a greater mortality obtains than in rural districts.

From what has been said, it would seem almost unnecessary to say anything further in regard to the influence of sedentary habits on the organism, and the manner in which the disease in question is produced where exercise is neglected. There are, however, points that require a more specific notice.

Constituted as he is, man, like every other animal or thing, indicates his capacities, properties, and relations. Among these, his capacity for motion is one of the most conspicuous traits that pertain to him as a mass of organized matter. This capacity is not more positive in the mechanical operations by which he passes from continent to continent, than in the chemical movements which occur in the brain as the result of a thought. Wherever capacities are conferred, obligations are imposed in regard to their use. So far as the animal economy is concerned, these capacities and obligations resolve themselves into physiological laws, as positive in their character as the existence of matter itself. An observance of these laws secures health, a violation of them brings disease. Now in the organism, we have movements that are voluntary and involuntary ; or those that depend upon the will, and those not under the control of the will. The instruments of motion, the muscles, when kept performing the functions for which they were designed by nature, increase

in size and strength; indeed, increase their capacity in all respects. This is seen in the great muscular development of those classes of persons whose business requires of them a constant exercise of one organ or member, or of all of the organs and members of which the body is composed, as is observed in the arms of the blacksmith, the legs of the pedestrian, or in the whole system of a practical farmer. Of the involuntary muscles is this principle also true. In short, exercise to the muscular system is what thought is to the brain; it is a stimulus that is indispensable. But it is not alone in the muscular system, that motion or exercise is so necessary. There is not a tissue or organ of the body but what suffers when its health-maintaining influences are withdrawn. Every atom of organized matter connected with the functions of nutrition, sanguification, circulation, respiration, innervation, secretion, absorption, and excretion, suffers derangement to a greater or less extent.

Of the definition of phthisis pulmonalis, as previously given, a part is, that it is a disease of the general system affecting all the organs, and, as a consequence, all the great functions of life. It reaches its possession of the system, not, in general, by the abrupt invasion of a particular organ, or class of organs, but mostly through those debilitating and effeminate modes of living which make an insidious impression upon the principal functions of life. Coming in for a very large share of these morbid impressions do we find the function of nutrition. The conversion of nutritive matter into blood, and the changes which the blood undergoes in the formation of tissues, involve a series of processes, mechanical, chemical, and vital, each of which requires some notice.

Recent researches have demonstrated the fact, that the nourishing principles of food are always the same, consisting of *albumen*, *fibrin*, and *casein*, compounds of proteine, denominated in chemical nomenclature 'isomeric,' from the fact, that, although possessed of different physical properties, they have the same chemical elements united in the same proportions. These elements of food — albumen, fibrin, and casein, are the same, whether derived from vegetable or animal matter, existing, however, in greater abundance in the latter than in the former. When first taken into the stomach, through the influence of the gastric juice they are converted into an *albuminate of soda*, a homogeneous mass to which we give the name of *chyme*.

Passing from the stomach into the duodenum, the mass still retains its albuminous character, with the addition, however, of certain minute globules termed the *molecular base of chyle*. Approaching the mesenteric glands, chyle corpuscles, which are nucleated cells, now make their appearance, and the fluid acquires the property of spontaneous coagulation, which is now evidence of the presence of fibrin. In the thoracic duct these properties seem to be perfected, and finally, after having entered the blood vessels, and been submitted to the influence of oxygen, the elaboration becomes completed—the food is converted into blood. Or in other words, the albumen and fibrin of the food, whether derived from animal or vegetable substances, are separated from the redundant matters with which they are combined, and take their place in the blood as the formative materials out of which the organism is built up or repaired. In the stomach, it should be noted, albumen predominates in the form of albuminate of soda; in the mesenteric glands, fibrin—an evidence of the conversion of the one into the others in the process of digestion, as Denis and Mulder demonstrated to be chemically practicable outside of the body.

To the above elements of food we usually apply the term *nitrogenized*. Others there are, which, according to physiological researches, do not take a conspicuous part in the process of nutrition. Among these it is the present fashion to include fats, starch, gum, the different kinds of sugar, pectine, bassorine, &c., which are non-nitrogenized in their chemical composition, and which are regarded as the elements that support the respiratory process.

The fixing of these two great classes of substances in the organism we denominate *supply*; their removal, after having performed their respective offices, *waste*. In a healthy condition of the system, except during growth, supply and waste are *in equilibrio*.

Prepared we now are to apply these physiological principles to the elucidation of the subject before us. In no part of the nutritive process do we witness a single change of matter without its being the result of motion of some kind or other. The food is masticated by muscular contractions, and it is swallowed by the same forces. In the stomach and bowels the same forces are present during its conversion into chyme and chyle. The chyle passes by a peculiar kind of motion into the blood vessels, where it comes under the in-

fluence of the heart, an organ that performs the double office of a force-pump and suction-pump. All the materials of nutrition which exist in the blood, are forced by this organ, first to the lungs, where they become oxygenated, and after this to the various organs and tissues, each one of which separates from it, by a set of movements, for which we have no better name than that of *secretion*, its own peculiar substance, elementary or compound.

Now the series of movements connected with each of the processes we have noticed, have something like a positive character. They are just sufficient, when the system is in a physiological condition to enable each organ or tissue to answer the purpose for which it was designed. Less motion than the necessary amount, or, the way it is more commonly expressed, inactivity or torpidity of an organ, is not only followed by disease of the organ itself, but frequently by disease of the general system. Eminently this would be seen to be the case with the liver, provided it performed a less amount of labor than usual ; with the kidneys, should they fail to secrete the usual quantity of urine ; with the bowels, provided the peristaltic motion was in a measure checked ; with the heart, should it cease to perform its usual number of contractions and dilatations ; and with the lungs, should they cease to receive and transmit the necessary quantity of oxygen to the various parts of the organism.

Now it is just as unphilosophical to suppose that the general system can continue in a state of health without being subjected to regular daily motion or exercise, as that any of the individual organs, performing involuntary functions, can maintain a state of integrity under the same circumstances. What is true with reference to the parts, applies in this instance, to the whole. No sane individual would think of subjecting himself to any course of living that would impair the number of contractions of the heart, and yet this would be just as sensible as a course that would impair the amount of daily exercise necessary to health.

Now the various organs to which we have alluded, have each their individual functions to perform. Some, as previously remarked, are engaged in fixing matter in the system ; others in removing it. Upon the fidelity with which each organ performs its functions, depends the welfare of the economy. In the class of organs engaged in the preparation of nutritive matter for the supply or growth of

the system, the first departures, as we have seen, from the physiological standard, are observed to take place. Under the requisite amount of the stimulus of exercise, the stomach secretes its usual amount of gastric juice, and that series of involuntary movements are maintained necessary to dissolve the food and give to it the character of albuminate of soda; the small and large intestines are enabled to impart to it the first traces of organization; and the mesenteric glands to complete the process necessary to it before entering the blood. What now is the result when the stimulus of exercise is withdrawn? The food, which assumed an albuminous form in the stomach, a fibrinous form in the mesenteric glands, and that of nucleated cells in the primary state of the tissues, is prevented from undergoing these successive changes. Some of it, there is reason to believe, is not at all dissolved in the stomach. What is dissolved and converted into albuminous matter, maintains this state, instead of taking the formative character of fibrin, until it reaches the blood vessels, from which it is deposited in the different organs and tissues. At first the deposition consists of very small granules, which attract other particles of similar character, until they obtain a size to which we give the name *tubercle*. In the form of tubercle these deposits are occasionally of a cacoplastic, but oftener of an aplastic character, and consisting of no cells or fibres, but a mere aggregation of granules, fat, globules, and albuminous matter, they, like other unassimilated matter, which finds its way into the system, act as irritants to the surrounding tissues, and in this way give rise to the diseased action connected with the first stage of tubercle; or, in consequence of their imperfect organization, alterations of a chemical character take place in their molecular arrangement, which give the first impulse to diseased action. Explained, however, in either way, the results are the same — a series of structural alterations owing their existence to foreign unassimilated matter, which, according to our definition, possesses all the characters of a poison, but which, under the influence of proper habits, might have contributed to the nourishment of the system.

It is not alone, however, in the functions of supply, that the influence of the causes we have been considering are seen to operate. Those organs, the office of which is to carry off effete, worn-out matter, become embarrassed. The lungs, for example, are not only

the media through which oxygen is supplied for the purpose of forming compounds designed to take their places as living matter in the formation of tissues, but they serve the purpose of furnishing the oxygen necessary to the forming of compounds with the elements of worn-out tissues, in which forms these elements pass out of the system. Examples of the latter process we see in the combination of oxygen with carbon in the air-cells of the lungs, and the consequent exhalation of carbonic acid. We also see it in the skin, in the elimination of useless matter from the system, such as water, muriates of potassa and soda, lactic acid, lactate of soda, and a small portion of animal matter. Besides the skin and lungs, we have the kidneys and liver, the former excreting urea and carbonate of ammonia, the latter secreting compounds of carbon, most of which unite with oxygen, and pass out through the lungs in the form of carbonic acid, while the remainder seek an outlet through the bowels. By all of these processes the amount by weight, of the matter daily discharged from the system, Ancell found to be — fæces 5 oz., 10 dwt.; urine 42 oz.; matter from the lungs and skin 81 oz. 13 dwt. 4 grains.

All of these transformations of matter are due to forces vital and chemical, that are accelerated or retarded by impulses which they sympathetically or otherwise receive from the voluntary movements to which the general system is subjected by exercise or labor. Their maintenance is seen in an expression of fidelity on the part of all the functions connected with the office of removing useless matter from the system. When they are withdrawn, by placing around the body a set of circumstances disposing it to inertia, such as obtains among persons of sedentary habits, the effects are immediately witnessed in a series of lesions of a functional or structural character. Sometimes these lesions manifest their presence in acute forms of diseased action, such as congestion, inflammation, &c.; oftener they are chronic, and make their appearance at first in effeminacy of the whole economy, emaciation, loss of muscular strength, great sensitiveness to atmospheric impressions; and, afterwards, in those general diseases depending upon a degradation of the tissues, and a deposit in their substance of matter that can perform no other office in the organism than that of exciting pathologic phenomena, such as often characterize the disease, the predisposing causes of which we have been considering.

[TO BE CONTINUED.]

ART. II.—*Medical Education*. By ASA D. LORD, A. M., M. D.,
Columbus, Ohio.

The subject of Medical Education has received a large share of attention within the last few years. It has been discussed in the National Convention, in State and County Conventions and Societies, and in private circles. The opinion is widely prevalent that the door to the regular practice of medicine is not sufficiently guarded; that many with attainments too meagre to fit them in any sense for the discharge of the duties of the profession, or to take that place in society which its members should hold, gain admission to its ranks. The educated physician is too frequently mortified by coming in contact with titled practitioners whose ignorance of almost every thing they should know, is a disgrace to themselves, and a reproach to the profession.

In regard to the cause of this state of things, different views have been held and advocated. Some have maintained that the difficulty lies mainly in the want of a better preliminary education; others, that the regular course of study and instruction is not sufficiently extensive; others, that the price of medical education is too cheap; and others still, that the whole course ordinarily pursued in Medical Schools is defective and needs an entire reform.

Without endorsing or opposing the opinions of any particular class on this point, we presume that most who have seriously reflected on the subject, are agreed that we must look to our Medical Schools for the proper education of the members of the profession. The time has been when (especially in the West) we were without such schools, when the student must pursue his studies in the office of some practitioner, and content himself with the small library it contained, and with such instruction as the business of his preceptor would permit him to communicate; and when the expense of a journey to New York or Philadelphia, and attendance upon a single course of Lectures was such that very few of our young men, or of those who had successfully commenced practice even could afford it. But the case is now entirely changed. With such facilities for elementary and academic education as are now furnished by our Public Schools and Academies, with a number of well-furnished and ably-manned Medical Colleges, giving Preliminary Courses gratis,

and a full course of Lectures for fifty or sixty dollars, none who have the energy indispensably necessary to succeed in the profession, can have any excuse for failing to secure all the advantages of a thorough medical education. In regard to the course generally pursued in our best schools, we have no suggestions or criticisms to propose. None can deny that it is much better than that pursued a few years since. The Preliminary Course is a decided improvement; the attention given to physical diagnosis, to microscopic anatomy, the fullness of the instruction in toxicology, chemistry and botany, and the increased attention to medical jurisprudence and insanity, afford to the students of the present day important advantages.

Leaving this topic, we proceed to call attention to the practice of conferring degrees, which has obtained in our Medical Colleges. For some reason only one degree, and this the highest recognized in the profession, is conferred; and this is bestowed on the student at the conclusion of his course of study.* So that the young man of twenty-one years, without having seen any practice, made or prepared a single prescription, watched or analyzed the symptoms of a case of disease, *might* receive the highest title known in the profession!

The influence of this course may be considered with reference to two classes of persons; first, students of medicine, and second, those who have commenced practice without attending Lectures. Can any doubt that the legitimate tendency is to lead young men who have received the desired title to relax their efforts for improvement at the very time faithful, vigorous exertion is most needed; to commence practising without reading and study; and thus to fall, from the beginning, into a habit of regular routine practice? And has not the fact that such young men, or those who resemble the case supposed above, acquire their honors so easily, done more to diminish the value

* In regard to the bestowment of degrees, a great diversity of usage has prevailed, both in this and other countries, but in all Colleges two degrees, Bachelor of Arts and Master of Arts are recognized. In some Universities the degrees of Bachelor and Doctor of Philosophy are conferred for attainments of a particular kind. In professional Schools the degree of Bachelor of Laws and Bachelor of Divinity are also conferred upon those who have completed the prescribed studies; but in Medicine only is the highest degree bestowed on the student at the completion of his course of study.

of a collegiate education in the estimation of those Practitioners who have not enjoyed its advantages, and to produce a feeling of disgust at the very idea of a title thus obtained, and to alienate their minds from Medical Schools and those engaged in them, than all other causes united?

We would therefore respectfully present for the consideration of the profession, and especially of those connected with Medical Colleges, the following modifications of the course which has hitherto been pursued. First, that instead of a single degree, at least two regular or academic degrees should be recognized in all institutions, Bachelor, and Doctor of Medicine. That the first degree should be conferred upon those who complete the regular course of study, with the understanding that the second should be conferred on them *in course*, only after two or three year's reputable and successful practice. The first degree might also be bestowed upon Practitioners on the same terms upon which that of M. D. is now conferred; and M. D. in course as upon the regular class graduates. Second, that there be devised a series of Honorary Degrees, such as Doctor of Medicine,* Doctor of Surgery,† Professor of Surgery, (or the like,) to be conferred upon those who have highly distinguished themselves in any department of their profession.

Can it be doubted that the plan first named would have a tendency to encourage young men to vigorous effort for professional improvement during the first two or three years of their practice, and thus to form habits of study and investigation which they would be likely to cherish through life? Would not this furnish Medical Institutions an opportunity for virtually repudiating their alumni who do not thus improve, or who by immoral or unprofessional conduct prove unworthy of their highest honors? In the present state of things,

* True, the word Doctor means teacher, or professor; but since in this connection it has lost its original signification and is understood to imply Practitioner rather than Teacher of Medicine, there seems a propriety in adopting the custom which has obtained in some Universities, of conferring, in addition to the honorary degree of D. D., that of S. T. P., Professor of Sacred Theology.

† We are aware that the degree of M. D. is understood to mean Doctor of Medicine and Surgery; still, in the case of persons who have distinguished themselves by some important discovery or achievement in Surgery, there is a manifest propriety in bestowing the degree of Ch. D., or Ch. P.

nothing of this kind can be done. However unworthy the graduate may prove, he has his degree, the highest in their power to bestow, and the Institution which has conferred it is held responsible by the community for the character and the attainments of every alumnus. But upon the plan here proposed, by withholding the second degree after the time when a candidate would otherwise receive it, he is virtually disowned ; and should State and National Medical Societies recognize the distinction by refusing to admit to full membership all such persons, it might be made of still greater importance to the interests of the profession.

The influence of such a system upon untitled practitioners could not but be favorable. They would then feel that the highest honors of the profession were not so cheaply obtained ; and both they and the community would feel that the first degree was, as it should be regarded, only a certificate of attainments, of the fact that the recipient had pursued the regular course of study prescribed ; while the second degree should be *prima facie* evidence of success in the practice of medicine.

The adoption and judicious management of such a system would unquestionably do more to raise the profession in the esteem of the community at large than any scheme with which we are acquainted. It would cause people to look with greater respect upon properly conducted Medical Colleges ; to feel that these institutions were indeed the guardians of the character and attainments of the profession ; that their honors were really the reward of merit ; and that their own interests and safety were thus most effectually secured by the elevation and improvement of those to whom they are accustomed to intrust their lives and health. At a time when the title of "Doctor" is so easily assumed, when "Eclectic" and "Homœopathic" Medical Colleges are springing up on every hand, it certainly needs no argument to show that it is a matter of interest to every true physician to do what may be done to elevate the profession to the rank it should hold, and to render its members worthy of confidence and respect.

In regard to the whole subject of degrees in this and other professions, we are well aware that there are many who profess to place a very low estimate upon their importance ; yet we are quite as confi-

dent that there are very few who are not, after all, influenced by them to a very considerable extent, more perhaps than many are willing to admit even to themselves. We hold that every possible incentive to improvement should be presented to the profession ; that all its members should feel that the path to distinction is open before them ; and since many of the most important improvements and discoveries in medicine and surgery are not attended by pecuniary or other reward, and the labor and effort necessary for their accomplishment cannot be performed without great sacrifice both of time and money, if there is in titular distinctions and honors a meed in view of which any would strive more earnestly to achieve what might prove of inestimable value to mankind, such honors should most certainly be conferred upon those who merit them.

Doubtless the plan here proposed may to many seem visionary and perhaps utterly impracticable. True, it will require time for this or any similar one to become known or gain favor, and it must have the co-operation of all the regular Medical Colleges in the Union to secure its adoption. The proper place for its discussion and for any decisive action would be the National Medical Association, but it can hardly be expected to be introduced there till it has been agitated in smaller associations and State societies. Believing therefore that the importance of the subject cannot easily be overrated, we submit these suggestions to the consideration of all who hold dear the character and usefulness of the profession, and especially of those who are personally engaged in medical education.

ART. III.—*Membranous Croup, as it appeared in the town and vicinity of Lewisburg, O., in the autumn of 1850; being the substance of a paper read before the Montgomery Medical Society April 3d, 1851.* By ISAAC KAY, M. D.

About the 1st of September, 1850, there appeared as an epidemic, in and about the town of Lewisburg, Ohio, a form of croup, which on account of its fatal character, caused not a little consternation amongst the people, and chagrin to the physician. Children between the ages of one and five years, were almost exclusively the subjects of this disease. There prevailed also at that time in this section of country to an unusual extent, scarlatina, cynanche-tonsillaris, and other more slight affections of the throat.

The aggregate of the cases of croup that occurred, and with which I had to contend, might be divided into two varieties, taking as the basis of classification, the mode of attack, if nothing else.

In one variety the disease (which usually commenced during the night,) was ushered in by the most violent throat symptoms, such as painful deglutition, difficult breathing, and a hoarse, barking cough. Children thus attacked, would go to bed apparently in good health ; the first manifestation to the contrary being a great difficulty in breathing, accompanied by the cough, which from being loud and sonorous at first, became as it were a whisper or convulsive expiratory effort. The pulse was but slightly accelerated, tongue covered with a whitish fur, the skin generally moist, and often bathed with profuse perspiration, caused, no doubt, by the great difficulty under which the patient labored in getting breath. These cases which were characterized by a sudden and violent onset, although they seemed to be more alarming than the other variety in the commencement, were by far the more amenable to treatment. I viewed these cases as consisting of slight inflammation of the mucous membrane of the larynx and trachea, which threw the small muscles immediately surrounding the latter organs, into spasmodic action. An emetic dose of Tinct. lobelia would suffice to remove all the urgent symptoms for the time being. About the only treatment following the administration of the emetic, was a brisk purgative of calomel and rhubarb, after which if the cough and dyspnœa continued, a sufficient dose of a mixture composed of oxymel of squills, two parts, and Tinct. lobelia, one part, was given every hour to keep up constantly a slight nausea of the stomach. In these cases the inflammation seemed to be confined more particularly to the vocal organs, or in other words, to the larynx and its immediate appendages ; there being to all appearance no extension whatever of the disease into the trachea. Of this class of cases, however, no particular notice was taken, owing to the treatment being altogether effectual, and for want of any peculiarity in the pathology.

The other variety of croup, and that to which I wish more especially to direct the attention of the profession, differed somewhat from the first mentioned in symptoms, and no doubt more so in its essential pathological character. It may be observed that as contra-distinguished from the variety first described, it commenced with the

mildest of symptoms, which to the superficial observer would not have betokened any serious result. The child for a few days previous to the attack of the disease, appeared drowsy and fretful, with a heaviness of the eyes, and suffused condition of the conjunctive and schneiderian membrane. The most prominent symptoms evincing the true character of the malady, was the—I had almost said—pathognomonic cough which from the beginning had a shrill, metallic sound. In some cases the cough did not set in until after the patient had been laboring under the marked signs of the disease, such as dyspnœa, broken pyrexia, &c., for twelve or twenty-four hours. The breathing would become so difficult as to cause the little patient to violently throw its head back in order to afford a more full passage of air into the lungs. The cough would sometimes become hoarse and rough, in which case there was thrown up a substance resembling the fragments of loosely organized membrane. A short time before the expulsion of these shreds, a flipping or crackling sound was heard, caused no doubt by the agitation of disengaged portions of the membranous substance lining the larynx and trachia. I have no hesitation whatever in expressing belief of the existence in these cases of a deciduous membrane lining the interior of the above mentioned organs, and perhaps even the bronchia.

That the affection properly called croup is confined to the trachea, does not seem to accord with the views of our best writers upon this subject. At least so far as we are able to ascertain, there is the same kind of diseased action in the mucous membrane of the larynx and trachea that we have in the trachea, and it is reasonable to suppose that the essential pathological condition should give rise to the name in preference to anything else. After the stridulous respiration commenced in what we shall now term membranous croup, a grayish colored patch was almost always seen upon the fauces, and especially in that part immediately posterior to the tonsils. Upon pushing down the root of the tongue and inspecting this region, the above mentioned condition of the mucous surface could be easily seen, and its presence might be taken as good evidence of the existence of the preternatural membranous function in question. As the disease progressed, the breathing became more labored, the cough more shrill and ringing, there was complete aphornia, and the febrile excitement was high, as was indicated by the frequent pulse, and the exalted

temperature of the cutaneous surface. The patient often changed from one position to another in its almost fruitless attempts to get breath, until the scene was terminated either by dreadful spasms and immediate suffocation, or by a subsidence of all the violent symptoms and a calm and comparatively easy death. Having been under the painful necessity of witnessing the fatal termination of so great a proportion of the cases that came under my personal attendance, I began to review the whole subject of the pathology and treatment of croup as noticed by our ablest medical writers, and I found that as yet no remedy had been devised which would with any certainty arrest the formation of the false membrane, and that our means of removing it when formed, was, if anything, more inefficient still.

The usual means adopted by practitioners of medicine, such as bleeding, emetics and mercury, seemed to have little or no influence whatever upon the disease. Emetics would relieve the patient for a short time, but they afforded no permanent benefit. Bleeding was also instituted in the first case that occurred in the place, but as the good resulting therefrom could not in the least be observed, and as it seemed rather to prostrate the patient without diminishing the intensity of the local inflammation, all hopes from this remedy were abandoned. Mercury in minute and frequent doses was administered with a view to control the peculiar inflammation which was throwing out the coagulable lymph that concreted upon the mucous membrane of the larynx and trachea. But to all appearance, influence exerted by this remedy was very slight. The calomel was sometimes combined with ipecacuanha in sufficient quantities to keep the system somewhat relaxed, and thus if possible to control the febrile excitement. From the fact that the means already enumerated are competent to arrest and cure all the ordinary forms of croup, even the most severe inflammatory variety, it is evident that these cases with which we had to contend differed very essentially in their pathology from ordinary croup.

There was a strong tendency of this disease to run a certain course, and those cases which survived did run through that course in despite of every thing that could be done to the contrary; showing most conclusively that the wisest plan of treatment was, in the *first place*, to sustain the powers of life and to prevent suffocation; thus giving sufficient time for the disease to complete its course; and, *secondly*,

to assist as much as possible the natural efforts that were being made to rid the system of the malady. Accordingly, every thing of an irritating character, especially emetics, were studiously avoided. On account of the specific nature of the local inflammation, those depleting remedies which are so commonly used with success in the various phlegmasia, served to impede rather than promote the series of changes through which the disease had to pass. Local applications to the throat were used to assist the mucous membrane in the suppurative process by which the false membrane should become detached and thrown off. The inhalation of various kinds of vapors were also used, particularly that of the weak infusion of mullein. Means were adopted, from time to time, for the purpose of subduing the laryngeal spasms arising, I think, from the lessening of the aperture through which the air had to pass into the lungs. The only internal local remedy used was the nitrate of silver in solution. Four grains dissolved in an ounce of rain water, was found to be of sufficient strength, when applied to the membranous concretion in the fauces, to change the unhealthy condition. In some cases where death seemed to be very nigh, as evinced by the almost intolerably difficult breathing, spasms, &c., the urgent symptoms were all immediately relieved by the introduction of a probang into the larynx, to which was neatly adjusted a piece of fine sponge. This sponge was saturated with a weak solution of the nitrate of silver. After withdrawing the instrument the shreds already spoken of could be seen adhering to the sponge. The little patient would fall into a calm refreshing sleep, and be left in a state very much resembling convalescence, for twelve or fifteen hours, after which the disease would rapidly extend down into the trachea and even to the broncha, in which case it was impossible to afford any relief by the probang, or by any other local application. To my mind there seemed to be so slight relation between the *remedies used* and the *cures performed*, that I was ready to conclude that the former had little or nothing to do in accomplishing the latter.

The foregoing observations upon the general plan of treatment, have been made for the purpose of eliciting the opinion of some contributors to the Journal upon a subject which has caused so much discussion, and about which I know comparatively so little. I will close this article by saying that the number of cases which came

under my attention, and that were undoubtedly membranous croup, was ten, all of which occurred in the neighborhood within about five weeks time, commencing about the 1st of September of last year. The other physicians of the place, then four in number, had probably a like number of cases with myself. Of these ten, seven died and three recovered.

ARTICLE IV.—*Tracheotomy in case of Croup.—Cure—Inconvenience of the prolonged use of the Canala.* By M. MAISON-NEUVE. Translated from the French by the Editor.—*Gazette des Hopiteaux.*

Weber (Emile) aged $5\frac{1}{2}$ years, brought to the Hospital Cochin 26th June, 1851, in the last stage of severe croup. Six days had already elapsed since the attack. Emetics had been administered freely, leeches had been applied to the neck, sinapisms to the feet and hands. At the moment when the patient was presented to M. Maissonneuve, the patient appeared to be dying, respiration was performed with the utmost difficulty, the pulse was small, feeble and irregular.

M. Maissonneuve decided that there was not a moment to be lost, and, without leaving the spot, practised the operation of tracheotomy.

The operation was simple and rapid—in a moment it was followed by the expulsion of a false membrane three centimetres long and one and a half in width and very thick. A simple canula was introduced into the wound and fixed by a tape passed around the neck, then the little patient was placed in bed where it immediately fell into a profound sleep.

M. Maissonneuve directed his interne to wash the canula, not to clean it except by first elevating it considerably from its position, and then afterwards to replace it—this manœuvre being much more easy and less fatiguing to the patient. These instructions were followed exactly.

The next day at the visit, the little patient was perfectly calm, respiration was easy. In the night it had thrown up another false membrane of nearly the same dimensions as the first. Auscultation revealed no grave implication on the part of the lungs—fever was moderate. The canula was again elevated, cleaned and replaced.

On the second day it was removed altogether. M. Maissonneuve regarded the prolonged use of the canula in trachea as one of the most common causes of consecutive pneumonias under which so many little patients succumb after the operation of tracheotomy. Already, said he, have irritating injections and even simple aqueous injections been laid aside because they are observed to favor the development of the more serious inflammations of the pulmonary parenchyma. Hence the prolonged presence of the canula produces analogous inconveniences and effects. It can never be useful after thirty-six hours. The fact is that the moment when the canula is removed deglutition becomes more easy, and the little patient rapidly advances towards a cure.

July 8, cicatrization of the wound was complete, and the 18th of the same month the child went out in a state of perfect health. It had increased in flesh in a remarkable manner, and spoke with as much facility as if it had never submitted to an operation.

ART. V.—*Lusus Naturæ.* By J. S. WILSON, M. D., Selma, O.

A remarkable instance of *Lusus Naturæ*, having fallen under my observation, I thought a sketch of such a freak of dame Nature might be deemed worthy of record.

On the 16th inst. (Sept.) I attended Mrs. G. in her 12th accouchement. She assured me there "must be something wrong, as she had never before felt as she had this time."

On examination, per vaginam, I found a breech presentation; and on extending my finger in front of the abdomen of the fœtus, I encountered a *large, soft mass* of a mysterious character.

I informed the patient that the child was déad; and that she might congratulate herself on the fact, as there evidently existed a large and unnatural appendage to its abdomen.

The labor was characterized by no peculiar phenomena, being of a very mild character.

On delivery, I found the soft mass which had elicited my curiosity, to be an *extraneous formation* of the Viscera of the abdomen.

From the degree of decomposition, I infer the foetus had been dead a fortnight. The patient says, she "never felt it like her previous children, but it only produced a sensation like something rolling about."

Not having time, then, to institute a post mortem investigation of said mal-formation, I returned next morning in conjunction with my student, Mr. Joshua Swayerd, and resorted to as minute an autopsy as the decomposed condition of the subject would enable us.

Though the full term of utero-gestation had elapsed, the ossification of the foetal cranium complete, the convolutions on the surface of the brain numerous, and the cineritious portions distinguishable by their color; yet, not only the lobes which composed the cerebrum, but also the cerebellum, and the basis of the cerebrum were perfectly soft and pulpy, and wholly destitute of firmness or consistence, exhibiting a state of apparent complete disorganization. The heart, lungs, pancreas, kidneys and bladder, appeared sound and natural in situ. The œsophagus extended through the umbilicus, where, just at its termination in the cardiac orifice of the stomach, existed a morbid adhesion with the parietes, forming, as it were, a suspensory ligament, to which was appended a mass consisting of the stomach, small intestines, coecum and colon, the liver and spleen, the gall-bladder was full of black bile.

The umbilicus was not of greater dimension than ordinary, and exhibited no lesion, but was closely attached to the cord.

The funis was marked by no unusual feature in its distribution.

The preceding viscera were covered by the reflections of peritoneum, as in their natural organization in the abdomen; in fact, the only anomaly consists in their *Mal-Position*.

The toes were all morbidly attached to each other—so were the fingers—the wrists and ankle-joints were bent rigidly inwards, as in carpo-pedal spasms. There was also a distortion of the muscles of the face, the mouth being drawn to one side.

Quere. Might not this distortion of the mouth, and the contracted state of the flexor muscles of the limbs, be consequent upon convulsions, emanating from this *emollescent*, or softening of the cerebral mass?

I might remark, en passant, that, about the 2nd or 3rd week of her gestation, the house of Mr. G. was (in the night) burned to the ground—and Mrs. G. being thus aroused from her slumbers, surrounded by flames and fragments of the house tumbling over and around her, naturally received a very severe alarm.

Quere. Had this affright an agency in this mal-formation, or *Lusus Naturæ*?

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Case of the Destruction of the Lower Jaw and of a portion of the Face, under Homœopathic treatment; also the result of a novel operation made for the restoration of the Lower Lip, with some remarks on the formation of new skin.* By FRANK H. HAMILTON, one of the Surgeons to the Buffalo Hospital.

Martin Neuman, seven years old, was attacked on the 10th of August, 1849, with a mild dysentery. The family were German and sent for a German Homœopathist, who gave him at once small pills which “looked and tasted like sugar!” also a powder and a solution.

Within seven days from the time the medicines were commenced salivation began, and small ulcers appeared upon the inside of the mouth, upon the gums, &c. Three days after the ulceration had extended so rapidly that the lower lip was nearly separated, and in a day or two more it fell off entirely. Three months later the greater portion of the lower jaw came away in one piece, being two and a half inches long, and including the whole diameter of the bone with its corresponding teeth. The bone and teeth are now in my possession.

It is a coincidence somewhat remarkable, that the sister, Amelia, several years older, was ill in the same way and at the same time (it was during the prevalence of the cholera in this city,) and took medicines from the same man, viz: solutions, &c., and within one week she was severely salivated also, and her mouth became ulcerated, but no destruction of the bone or of the soft parts ensued.

In January, 1850, the lad was brought to me, by his father. The lower jaw was then reproduced through the whole extent of that which had been destroyed, but the teeth were of course not replaced; nor was there a vestige of a lower lip, and even the bone was thinly and imperfectly covered with integument. His condition was distressing in the extreme, since he could masticate only with great difficulty, and his saliva was constantly pouring upon his chin, excoriating his face and neck, and saturating his clothes.

First operation for the restoration of the lip. Jan. 14, 1850, in the presence of the class at the Medical College, I abraded the upper edge of the skin corresponding to the lower lip, to the extent of a quarter of an inch each way from the centre; from either extremity of this horizontal incision I cut perpendicularly about one inch, and then starting from the lower end of these incisions, I carried the knife outward and downward to the left, and outward and downward to the right, one inch and a half. The two lateral pieces thus marked out, were now dissected from the jaw and slid upward and drawn together with sutures above the central piece; the lower edge of the lateral pieces thus united were stitched also to the upper and abraded edge of the central piece.

The object in leaving a central piece attached to the jaw, and uniting the lateral pieces above it, was to prevent the lateral pieces, which were to constitute the new lip, from drawing down again by the contraction of the wound below. The plan was original, I believe, and proved successful. The new lip, however, became, in process of time, through stretching and shrinking, insufficient, and I made a second operation to increase the depth of the lower lip, and prevent more effectually the saliva from dribbling from the mouth.

Second operation, Aug. 28, 1850, at my office, in presence of Drs. Samuel Carey, Camp, and others. My mode of procedure was entirely new, and as I believe, has established an important principle in this class of operations. The operation was as follows: A single incision was made just under the chin, extending along the lower edge of the inferior maxilla about three inches from side to side. All the integument comprised between this horizontal incision and the upper edge of the lower lip, was now raised from the bone, and the entire mass was slid upward until its lower edge was made to correspond with a line just below the upper border of the jaw. Here this edge was made fast to the *periosteum*, by several interrupted sutures. The gaping wound below was left to close by granulation. The result has been that adhesion occurred between the lower edge of the flap thus secured, and the periosteum, and no disposition was afterwards shown in the flap to draw downward as the wound cicatrized; but on the contrary, the skin from below, that is, from under the chin and the neck, was somewhat drawn upward, and thus between the

formation of new skin and contraction of the skin from below, the wound closed.

The new principle established is that, *by attaching the skin directly to the PERIOSTEUM, its displacement by cicatrization, and contraction, is prevented*. Every one who has operated for the restoration of the lower lip will see the advantages which this plan offers. There is nothing to which the upper, free border of the new lip can be attached, and there is consequently nothing but the mere transverse tension of the lip, to prevent its descending as cicatrization progresses below. This tendency I sought to avoid in the first operation by leaving a central piece untouched and adherent to the bone, and then bringing the new lip above it. But this procedure requires a sacrifice of a portion of the transverse diameter of the lip, and is often wholly inadmissible; and always objectionable, if the same end can be attained by another mode. This new mode, as we have demonstrated, prevents the sliding downward, without sacrificing any portion of the lip. These remarks are applicable especially to cases of *complete* loss of the lip. Where only a portion is lost, various other methods of supplying the deficiency may be practiced; as by stretching the lip, or sliding from the cheeks, or even by an operation of "torsion" from the cheeks.

This idea originated in having observed elsewhere the capacity of periosteum to form skin. I have several times proved, contrary to the often repeated doctrine, that skin may form *de novo*, independent of old skin; as where there has been an extensive destruction of the integuments over a bone — where the parts have been torn away or have sloughed quite to the periosteum, and consequently no old skin could have been left from which the new could form, except at the edges; yet in the very centre of this broad ulcer new skin has sprung up like an oasis, and gradually spread outward in all directions. But this has always been where the periosteum was actually exposed, which first becoming white and spongy, has soon shown itself to be the nucleus of a new skin — in fact it has become *itself converted into skin*, remaining ever afterwards depressed, immovable and adherent to the bone at that point.

The result of the case of the lad Neuman, is that he has a lower lip, sufficient to cover the gums and a part of the bodies of a set of artificial teeth which our ingenious dentist, Dr. Harvey, has made

for him. The lip is narrow, for we have not yet been able to prevent the contraction and rolling in of the upper edge as it heals, but it would certainly have been much narrower, or entirely lost if the adhesion to the periosteum had not been effected.

I will not omit to say that by the constant effort to use the lower lip, or perhaps simply by the lapse of time, the lip has very perceptibly lengthened in its vertical diameter during the last six months. —*Buffalo Medical Journal.*

ART. II. — *Penetrating wound of the Abdomen — protrusion of Omentum — its removal — Recovery.*

The case of penetrating wound of the abdomen, was attended with protrusion of omentum — the treatment resorted to not being that in ordinary practice, and the favorable result attending it sufficiently justifies a full history of the case.

Mary Ann Lloyd, colored, aged 21, was admitted into the Hospital on Saturday, June 21st, at 11½ P. M., with a stab in the left groin, which she had received half an hour previous, from a person with whom she had some altercation in an Alderman's office. Skin was warm and moist; pulse good; complained of considerable pain. The wound was about three-fourths of an inch long, about half an inch above, and parallel to, Poupart's ligament — a line drawn from the anterior superior spinous process of the ilium to the umbilicus, would exactly bisect it. From it, protruded a piece of omentum of about the size of the palm of my hand, slightly congested, but otherwise healthy in its appearance. Careful efforts were made to return it, and were partially successful; but the restlessness of the patient was such as to force out as much as I would return. The prospect of success caused these efforts to be continued for half an hour, when it was deemed advisable to desist from them; the omentum had then become so much congested that it was not thought even safe to return it by dilating the wound. It was therefore concluded to cut it off. This was done — having previously passed a double ligature through the mass, close to the integuments, and strangulating it. The strangulating of the omentum was attended with very little pain to the patient. The wound was then closed with interrupted sutures. Within the sutures was included the portion of omentum strangu-

ted by the double ligature. The object of this was, to prevent its return with the ligatures into the cavity of the abdomen. Over the wound was placed a piece of cotton cloth spread with cerate, and retained by one or two adhesive strips. Ordered Liq. Morph. Sulph. 3j. To be repeated every two hours, until sleep is induced.

Sunday morning, the 22d. Required but 3ij. of the solution of morphia to induce sleep, which was tranquil through the whole night. Pulse 90, full and strong; skin, moist and warm; tongue clean; still complains of pain in the abdomen. Ordered Hydrarg. Chlor. Mit. gr. ij. Pulv. Opii. gr. ss. To be repeated four times during the day. Fomentations with hops to the abdomen. Diet, barley water.

6½ P. M. Has been dozing all day; does not complain of any pain; abdomen perfectly flaccid and free from tympanitis. Omitted the fomentations. Continued the calomel and opium. Pulse 88 — full and strong.

Monday, 23d. Slept well through the night. Purged slightly by the calomel. Pulse 95, less strong than yesterday. Tongue slightly furred — complains of slight pain in the side opposite to the wound, but of none in its neighborhood. Abdomen perfectly flaccid. Reduced the quantity of calomel — thus,

Hydrarg. Chlor. gr. j.

Pulv. Opii. gr. ss.

To be repeated four times during the day. Diet, same as before.

Tuesday, 24th. Rested well through the night. Pulse 85, no pain or uneasiness — mouth slightly sore. Omitted the calomel. Diet, barley water.

Wednesday, 25th. Still entirely free from pain. Wound has very much diminished in size — there is a slight discharge from the cut surface of the omentum. No tension of abdomen — merely a small ring around the wound, harder than natural. Applied flax seed poultice — diet, gruel.

Thursday, 26th. On visiting the ward last evening found the patient walking about with a blanket over her shoulders, assigning as a reason for her doing so, that she was tired of her bed. This morning the edges of the wound show some disposition to slough, otherwise the patient is doing well. Pulse natural, no febrile excitement — no tension of abdomen — appetite good. Ordered full diet.

July 1st. Has been doing well since last report. The slough has

entirely separated, leaving an ulcer about two inches long and one inch broad; the ligatures of the omentum came away this morning.

August 2d. The wound has been healed for some days now, having granulated from the bottom—the cicatrix is small, firm, and linear in form. Patient discharged, well.

ADDINELL HEWSON, Resident Physician.

Pennsylvania Hospital, August 15th, 1851.

ART. III.—*Report of an Obstetrical Case.* By J. R. PALMORE, M. D.

Mr. Editor—Supposing the recital of the following case, which occurred in my practice whilst connected with the “Obstetric Institute” in Philadelphia, will be acceptable to you, and interesting, if not instructive, to the readers of your valuable magazine, I have taken the liberty to transmit a condensed report of it from my case-book for publication. It involves a question in obstetrics which has always puzzled the young physician not a little, and which I hope this case will, at least, serve to direct the attention of practical physicians to—the elucidation of the mystery with which teachers and books have surrounded it.

Case.—April 10, 1850. Mrs. M. G. was seized with labor pains this morning. The labor proceeded very well (the vertex presenting the first position,) till the head emerged from the vulva. At this time the child took several deep inspirations and cried lustily. I immediately perceived, however, the umbilical cord around its neck, and, on more minute observation, discovered it drawn *thrice* very closely. The pains were now very severe, of the expulsive kind, which caused the funis to become tighter at every effort. I endeavored to pull the cord down and pass it over the head, but soon found the attempt useless from its extreme tenseness. I next attempted to disengage and suffer it to pass over the shoulders as they descended. This was also of no avail, for I could scarcely insert one finger between the cord and neck, so closely was it fastened. My next duty, I conceived, was to suffer it to *remain*, or, in other words, trust to the *vis medicatrix naturæ*. This negative plan was as nugatory as the others had been unfortunate. The child which before had cried, now ceased. Its face became at first dusky, then black, exhibiting plainly the compression of the jugular veins and the consequent

stagnation of the blood in the brain. Here, then, was no time to be lost. The only alternative at my command was to sever the funis. But here (I should not call it *a demon*) authority arose before me. Dewees, Ramsbotham, Meigs, Hodge, whose opinions we all recognize, passed in rapid review. I remembered only one *similar* case, that mentioned in Dr. Meigs' "Treatise on Obstetrics," page 295. That this was a similar case, I had no doubt. I resolved, therefore, to cut the cord, which having been done, the child, released from its halter, soon revived; its face gradually assumed its natural hue; its breathing again commenced, and the mother's heart was illumed afresh by its re-awakened cry. A few bearing down pains soon sufficed to drive the child from the vulva. I now tied the cord. Nothing unusual occurred in the after treatment.

Remarks.—It will be noticed that I pursued the usual course of treatment laid down in the books, and found this routine practice totally unavailing. Since the occurrence of the above case, I have examined the subject pretty closely, have maturely considered the salient points of the practice, and have come to the conclusion that the treatment usually recommended is, at least, irrational, if not radically defective, and that it will not answer in practice.

Upon a superficial examination, I know some may say that the success of the above case was *post hoc*, and not *propter hoc*. But if such persons would examine attentively the details given, they could not, in my opinion, refrain from being convinced that it was *propter hoc*.

What are the dangers that are so particularly inculcated by teachers? There is only one, and, to my mind, this scarcely deserves the name of danger. I refer to the *supposed* probability of the child's dying from loss of blood. I say *supposed*, because I cannot conceive why this can take place, as the child's body presses the cord against the vulva, effectually serving the purpose of a ligature. And this actually occurred in the case I have just narrated. The loss of blood was scarcely appreciable. This is the most prominent, if not the only objection that can be urged against the treatment.

The advantages are numerous, and, in my opinion, insuperable. It saves the child from impending death, and it empties the *placenta* of its retained blood, thus allowing it to be more easily detached by efforts of the uterus, or, if necessary, by the hand. Moreover, if the cord were suffered to *remain* around the neck, and the child to descend, the cord might be torn from the *placenta* by the roots, or else

it might draw the *fundus* of the uterus after it, and cause *inversio uteri*.

Those who have had this latter affection to deal with, will easily appreciate any plan recommended for its partial prevention.—*Stethoscope and Virginia Med. Gaz.*

ART. IV.—*Cure for Tape Worm.*

Procure sufficient seed of the Pumpkin (those grown in the West Indies are the best) to make two ounces after removing the outside shell of the seed ; put them into a mortar and add half a pint of water ; pound them well up, and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh cool water as the stomach can bear or contain ; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about 60 drops of it is taken, you will find it an assistant to the orgeat, but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers almost to a point.

P. S.—The New York friend, from whom I received the recipe, of which the preceding is a copy, in March, 1848, remarks, in support of his opinion of the efficacy of this remedy, that Capt. ——— says he did not have to take the injection, although he took two separate doses of the seed (the first not operating sufficiently,) which relieved him at once, and since which time has cured probably a dozen different persons afflicted with the tape worm, who had been given over by the physicians. The worm from him was 34 feet long, each link about one inch. He rubbed the stomach with ether, after taking the orgeat. It may be advisable to use the forenamed remedy under the advice and with the assistance of a physician." I have only to add, that the suffering lady in this city, for whose relief the writer's aid and influence was solicited by her husband, has been restored to perfect health, after years of prostration and efforts for relief ; and in thankfulness for the interest I had manifested in the case, sent me a glass jar containing a large part, if not the whole, of the worm that had been her tormentor for several years.—*Boston Med. and Surg. Journal.*

ART. V.—*Remarkable migrations of a Pin and Needle through the body of a Young Lady.* By NAPOLEON B. ANDERSON, M. D., Louisville, Ky.

On the 20th of April, 1849, Miss Catharine M——, æt. 19 years, in a fit of laughter accidentally swallowed a large brass pin and a medium sized needle. No pain attended the passage of these bodies into the stomach, nor was any felt until after the expiration of about the third week, at which time a warm, pricking sensation was first felt in the cardiac orifice of the stomach, which position it maintained for the space of three months, when it gradually changed, and seated itself in the lower lobe of the left lung. In this situation it remained for some nine months, without any disturbance to the organ of respiration, in which it was felt, with the exception of occasional cough and slight hemoptysis. During this period, the pain gradually moved to the glenoid cavity of the scapula, and was experienced at the insertion of the deltoid muscle, in which situation considerable pain was the result of elevation or rotation of the arm. From this point it moved to the arm pit, when the arm had to be carried horizontally, and no elevation, rotation, adduction or abduction could be performed without excruciating pain; the inner part of the arm turning very black, from the infiltration, I suppose, of blood into the surrounding parts. Pressure upon the parts produced no material change in coloration, nor was there any unusual amount of sensation or numbness in any part of the discolored portion, with the exception of the region in which these foreign bodies were situated. The arm remained in this condition, with no material changes, until December, 1850, when the pain and uneasiness moving from the arm-pit, towards the articulation of the ulna and radius with the humerus, settled in the belly of the biceps flexor muscle, forming there a dark spot the size of a half dollar, and very sensitive to the touch. An emollient poultice was applied for twenty-four hours, when fluctuation indicated the use of the knife. A quantity of blood pus was discharged, and the needle and pin were extracted from two different apertures, about half an inch apart. The pin was dark, but the needle was bright, and had undergone no material change. Alteratives were used, and in ten days from the extraction of the bodies, the lady had perfect use of her arm, and has continued to do so ever since. During the period, from the swallowing of these substances

until their removal, the constitution was not disturbed in the slightest degree, except the cough and hemoptysis spoken of; and this continued only as long as those articles were passing through the lungs, after which the symptoms disappeared. The lady underwent no treatment during their migration from the mouth to the arm, with the exception of a purge when she first swallowed the articles, and anodyne embrocations afterwards.

These pointed bodies appear to have travelled side by side over the entire route from the mouth to the point at which they were extracted, and must, in their course, have passed through the stomach, diaphragm, lung, pleura, among muscles and bloodvessels, before reaching the parts from which they were extracted. The points of each article presented at the incision made, and must have thus passed the entire distance.—*Western Jour. of Medicine and Surg.*

ART. VI. — *Report of Medical and Surgical Cases occurring in Bellevue Hospital.* By STEPHEN SMITH, M. D., Assistant Surgeon.

CASE 2. Catharine Hearne, 22 years of age, native of Ireland, was admitted September 1st, 1846, suffering pain in the right knee. She said that she had experienced this pain occasionally for two or three years, without any known cause, and leeches had been applied for its relief to the affected knee. She has strong hereditary predispositions to phthisis, and has latterly lived very poorly, being confined to a damp room.

During the first few months of her residence in the hospital, the nature of her disease remained obscure, the affection of the hip-joint manifesting itself only through the pains of the knee, and hence such remedies as were used tended only to relieve what was considered a disease of this joint. The complaint soon began to define itself as true hip disease, and her treatment was directed accordingly. Counter-irritation in the form of issues, setons, &c., was constantly kept up in the neighborhood of the joint for nearly three years; and, although during this time several abscesses formed, leaving sinuses which discharged matter freely, her general health continued remarkably good, and bony ankylosis seemed to be taking place. The following note of her case made at the end of this period, as

copied from the records, indicates her condition and the progress of the disease.

"*Feb. 6th, 1850.* Patient appears to be improving, limbs of same length, right much smaller than the left, disease in the third stage, ankylosis seems progressing, menstruation regular in its periodical recurrence, but discharge scanty. Treatment — rest, counter-irritation by blisters, good diet; internally, iodide of iron."

No considerable change took place in her condition during the twelve months following the above date. But about six months since her general health began to fail, the suppuration of the diseased joint became more profuse, grating of the denuded head of the femur in the cavity of the acetabulum soon became apparent on motion of the limbs, and she at length sunk and died July 2d, having reached the extreme of emaciation.

Autopsy, twenty hours after death.—The parts about the affected hip were in a more or less sloughy condition. The head of the femur deprived of its articular cartilage, but partially occupied its socket, widened and deepened by ulcerations; at the upper part of the cavity of the acetabulum was a foramen three lines in diameter, leading into the iliac fossa, and forming a communication between a considerable collection of pus in this fossa, beneath the iliac fascia, and the cavity of the joint. This collection of matter distended the peritoneum in the iliac region so as to form a tumor apparent on removing the viscera of the abdomen. The bones of the pelvis were of their natural hardness. Cavities were found in the apex of both *lungs*, and the upper lobes of the *right* were thickly studded with tubercles.

Remarks.—These cases illustrate very fairly the difficulty often experienced in diagnosing hip-disease in its early stage. In each, the symptoms all pointed to the knee as the true seat of disease, for more than a year, while the hip-joint gave no other evidence of the morbid process going on within it. This sympathetic pain in the knee is thought, by Sir C. Bell, to depend upon the obturator nerve, which "passes through the thyroid foramen down to the hip-joint, and, after supplying the muscles, is distributed upon the inner part of the knee. The nerve, in its course, is thus involved in the inflammation which affects the hip-joint, and the pain is referred to its extreme cutaneous branches, at a part distant from the seat of the

disease." Coulson, taking advantage of the circumstance that the pain is sometimes felt along the outer part of the thigh, as in the first case above related, while the obturator nerve is distributed only to the muscles in its inner aspect, rejects Bell's explanation and thus substitutes his own: "It has struck me that, from the intimate connection of the long head of the rectus femoris with the outer edge of the acetabulum, and with the capsular ligament, the fascia of this muscle may take on the inflammatory action, and the pain in this way be conveyed down the limb to the thigh." But a better explanation is found in the remote sympathy of Hunter, in which "there appears no visible connection of parts that can account for such effects. In these cases there is commonly a sensation in the sympathizer which appears to be delusive, and produces a wrong reference of the mind to the seat of disease." For this pain has no fixed situation, but is located variously in the thigh, knee, or even in the foot, or it may change almost daily from one part of the limb to another, as in a case now under observation.

In reference to the diagnostic value of this sympathetic pain, Ford observed that it "was always synchronous with the elongated limb; it commenced with it, it continued as long as the diseased limb was longer than the sound one, and ceased when the thigh began to resume its proper length, or to become shorter; and he had never observed it in the latter stages of the disease, when the thigh affected was shorter than the sound one." (*Obs. on Dis. of Hip Joint.*) Chelius is of the same opinion; but, in two cases now under treatment in this hospital, both being in the third or suppurative stage, this pain of the knee is a distressing symptom.

An interesting particular in the history of the second case was, the occurrence of partial ankylosis and its subsequent destruction; cases of a similar character were recorded by Mr. Ford. Perforation of the acetabulum and the formation of purulent collections in the pelvic or abdominal cavities, mark the extreme and fatal termination of this disease. This is, comparatively, a rare termination; ankylosis or an exhausting external suppuration being much the most common. It will be observed, that in these two cases the disease was seated in the *right* hip-joint. Although authors speak of the *left* as being more frequently affected, because "it is feebler than the right," a comparison of sixty-six well authenticated cases gives a

very different result. Of this number, thirty-two were on the right, eight on the left, and one on both sides; in the remaining twenty-five no note was made of this fact; this gives about eighty per cent., or four fifths of the cases as occurring in the right hip-joint.

CASE 4.—*Acute Synovitis of the Knee Joint—Evacuation of the fluid of the joint by incision—Rapid convalescence.*—Pierce Shea, 26 years of age, native of Ireland, was admitted Dec. 10th, 1850. Two years ago, while attempting to hold a restive horse, he was thrown to the ground, striking his right knee against a curb-stone, and fracturing the patella transversely. He was under treatment in the Pennsylvania Hospital for this accident ten weeks, at the end of which time he was discharged, the fragments being united by a ligament half an inch in length. Since that time he has been very liable to falls, it being impossible for him to stand erect unless the limb was kept straight; the fragments of the patella are now two and a half inches separated. Came to the hospital for treatment of an injury to the same leg just below the knee, occasioned by falling upon the floor; wound four inches in length. Simple dressings were applied to the wound, and patient directed to keep his bed. About a fortnight after admission, the following notes of his case were made:

Dec. 25th. Was seized with severe pain in the knee last night; had a chill followed by fever; pulse 96, full and hard. *26th.* Pain in knee increased; obtains no sleep; tenderness in the femoral region, where some of the glands are swollen; pulse 100, hard, and incompressible; treatment actively antiphlogistic. *27th.* Knee considerably swollen and fluctuating. Dr. C. D. Smith in attendance, opened it by making a transverse incision an inch in length two inches above, and on the inner aspect of the joint. A sero-sanguinolent fluid escaped in considerable abundance, containing clots of a fibrinous character—fluid synovial in its nature. *28th.* Continues to suffer severe pain in the knee; sleeps but little; discharge free, and of same character as at first. *31st.* Knee has again become tense and fluctuating; Dr. S. opened the tumor a second time by making two incisions on opposite sides of the joint, about an inch posterior to the lateral borders of the patella, in a vertical direction; probe passed freely through from one incision to the other; a large quantity of serous fluid escaped occasionally, streaked with a white discharge; ordered poultices to be applied to the knee. *Jan. 1st.*

Passed a more comfortable night ; has less pain in knee ; serous fluid escapes freely from incisions ; pulse 112, quick. 2d. Much better ; slight pain in knee ; pulse 100 ; tongue clean. 6th. Pain in knee subsided ; discharge continues, but in diminished quantity ; general symptoms improving. 9th. Discharge slight ; joint is of its former size ; no pain on motion. 20th. Convalescent ; left the hospital in an improved condition, and has since followed an active occupation.

CASE 7.—*Erysipelatous Laryngitis*.—Mary Horn, aged 30, native of Ireland, was admitted May 9th to the Lying-in Wards, in her third pregnancy. She was delivered of a still-born infant June 7th, and convalesced from her confinement with no untoward symptoms.

June 14th. She complained of pain and soreness in her throat ; and, on examination, the tonsils were found slightly enlarged, and the posterior part of the mouth diffusely reddened. A solution of nitrate of silver, grs. xxx. to water 3, was ordered as a local application to the inflamed fauces, and rubefacients used externally. During the night she obtained the solution, and, ignorant of its purpose or effect, gargled it several times in her mouth, which was found on the following morning covered with a white surface. This was, however, soon detached, leaving the mucous membrane of its natural color. 16th. Increased difficulty in swallowing, dyspnœa, a loud hoarse cough, high fever and swelling beneath the chin. 17th. Dyspnœa much increased, unable to lie down from fear of suffocation, aphonia, inspirations croupal, epiglottis feels tumid when examined with the finger. 18th. Erysipelas has made its appearance about the throat, and extended down upon the chest ; neck much swollen in consequence, dyspnœa diminished, tongue red and swollen.

During the three following days she continued to suffer paroxysms of severe dyspnœa, the tongue swelled largely, the erysipelas faded from her breast, but assumed a phlegmonous character about the face, and she died apparently from the exhaustion consequent upon the long continued deficiency in her respiration.

Autopsy, twelve hours after death.—Papillæ of tongue prominent ; epiglottis tumid, its borders red ; the mucous membrane on its posterior surface normal ; that on its anterior loose and covering some serous fluid contained in the sacs formed by its reflections. The edges of the superior orifice of the larynx were slightly injected and

marked by irregular white patches, which, when picked off, left ragged, ulcerated surfaces beneath. Upon farther dissection, pus was found infiltrating the cellular tissue around the larynx, distending the space between the thyroid and cricoid cartilages, and pressing upon the rima glottidis, so as to obliterate the sacculus laryngis of both sides. The interior of the larynx trachea and œsophagus appeared entirely healthy.

Another case similar to the one above related, but having a more favorable termination, occurred soon after. The subject was a male, aged 35, who was admitted with tonsilitis. His voice was at this time husky; he had fever, dyspnœa, dysphagia, and the swelling about the jaws was such as to prevent an examination of the fauces. Leeches were applied to the throat, and a calomel cathartic administered. On the following day, erysipelas made its appearance about the lips and nose, and quickly spread over the entire face and head; the lips and face generally swelled greatly, but the affection of the throat gradually declined. Nitrate of silver, full strength, was applied to the inflamed skin, and other remedies made use of to suit the case; he convalesced in a few days.—*New York Jour. of Med.*

ART. VII.—*Gastrotomy successfully performed for Extra-Uterine Pregnancy*. By Drs. BRADLEY and ROGERS.

The patient was a negro woman, aged 28 years, the mother of seven children. In June, 1849, six weeks after conception, she began to complain of colic, attended with constipation. On the 10th of February, 1850, she supposed herself in labor. On examination, the os uteri was natural and the breasts were flabby. There had been no movement of the child felt since the middle of November, at which time there was milk in the breasts. A tumor filling the whole right lumbar region, extending above the hypochondriac, and below to the iliac region, and somewhat to the left of the umbilicus. There was also present considerable febrile disturbance. She was certain that she had felt the motions of the child, from the fourth or fifth to the seventh or eighth month, when she supposed it died. The diagnosis being extra-uterine pregnancy, the removal of the child was recommended.

On the 7th of February, 1851, the patient having been previously prepared, chloroform was administered. An incision was made extending for two inches above the umbilicus to the pubes. The fœtus

was found in the right fallopian tube, fully formed and about the size of a seventh-month child. But little decomposition had taken place. It was firmly attached to the peritoneum, anteriorly and posteriorly, and latterly to the uterus. In separating the attachment, the epidermis of the child was removed at the adherent portions. After removal, the parts were carefully cleansed, and four sutures, with sufficient adhesive plaster, were used, and an opiate was ordered. Her recovery was rapid, so much so that, four weeks after the operation, it was complete.—*N. O. Med. & Surg. Jour.*

ART. VIII.—*Surgical Treatment of Vesico-Vaginal Fistula.* By
GEORGE HAYWARD, M.D.

From a paper on vesico-vaginal fistula, in the Boston Medical and Surgical Journal, we learn that Dr. Hayward has operated twenty times on nine patients. In three cases the operation was entirely successful; in five the patients obtained great relief, so that the urine could be retained for a number of hours without any escape through the fistulous opening; and in the remaining two, no benefit was derived. His mode of treatment was as follows:

“The patient being thoroughly etherized, the bladder can be brought down by introducing a large-sized bougie (one made of whalebone, highly polished, is to be preferred) into the urethra, to the very fundus of the bladder, and carrying the other end up to the pubis. In this way the fistula is readily brought in sight. Its edges can be pared with the scissors or a knife, though usually both these instruments are required; and this part of the operation is much facilitated by holding the edges by means of a double hook. In all the cases that I have examined, these edges are thick, hard, and usually of a white color. It is not difficult, therefore, to dissect up the outer covering from the mucous coat of the bladder to the distance of two or three lines. The needles are then to be passed through the outer covering only, and as many stitches must be introduced as may be found necessary to bring the edges of the fistula in close contact.

Since my first operation, I have used a short needle with the eye near the point, made to fit on to a long handle. The instrument, when the two parts are together, looks not much unlike a tenaculum, though not so much curved, and considerably broader near the point.

As soon as the needle is passed through one side of the fistula, it is immediately seized with the forceps, the handle is withdrawn, and

the needle is then carried through. It is to be then again fitted to the handle, and carried through to the other side in the same way. As many stitches as may be thought necessary to bring the parts into close contact, can in this way be taken with great ease. One thread of each stitch is to be cut off; it is convenient to leave the other, as it enables the operator and patient to know when the ligatures have separated from the bladder.

A large-sized female catheter is then introduced into the bladder, and secured there by means of a T bandage. The patient should be laid on her side, with the upper part of the body somewhat raised, so as to facilitate the flow of water through the catheter. This should be removed at least once in every twenty-four hours, as it is very likely to be obstructed by mucus, coagula of blood, and occasionally calculous concretions. In three days I think it safe to remove it altogether, but then it should be introduced at least once every three hours, for ten or twelve days more, so as to prevent any accumulation of urine in the bladder, and consequent strain on that organ.

The diet should consist entirely of liquid, mucilaginous food; such as an infusion of slippery elm, gum arabic and water, flax-seed tea, arrow-root, and milk and water. This diet, in my opinion, should be continued till the ligatures come away.

The bowels should be opened by some mild laxative a few hours before the operation; but it is desirable that they should not be moved again till some days after.

It may be proper to add, that I have never had any troublesome hæmorrhage from the operation, nor any alarming symptoms after it. In some cases the pain has been severe for two or three days, and once or twice it has run down the limb, apparently in the course of the sciatic nerve. When performed in the way that I have recommended, I believe it to be attended with very little if any danger, as the bladder is not subjected to any considerable degree of violence, nor any part injured to a great extent."

PART THIRD.

FOREIGN INTELLIGENCE.

OBSTETRICS.

ART. I. — *Case of Abortion in which Transfusion was required and successfully resorted to.* By G. MASFEN, Esq., House Surgeon to the Staffordshire Infirmary.

On the 30th of July, 1848, at 1 P. M., I was called in to attend Mrs. B——, a lady of particularly delicate appearance, in her thirty-eighth year. It appears that on the evening of the 29th she had perceived some slight sanguineous discharge from the vagina, and had consulted my father, to whom she described herself as being four months advanced in her tenth pregnancy, but thought that the child had not grown for the last month or two. He ordered a mixture containing diluted sulphuric acid with Batley's sedative; but the discharge continued to increase until about seven o'clock this morning, when it became quite alarming. Plugging and injections of oak bark were tried, but with no effect, and a dose of ergot was administered, which produced a severe pain, and the expulsion of a two-months' fœtus; but the hæmorrhage continued to increase till 1 P. M., when I first saw her.

I found her excessively weak from loss of blood; not the slightest pulse was to be felt at the wrist; and she became at last insensible. The stomach rejected every thing, and though the hæmorrhage had in a great measure stopped, there was every symptom of sinking and speedy dissolution.

About three o'clock, it being the opinion of every one present that it was the only possible means of saving her life, the operation of transfusion was decided upon, which I performed in the presence of Dr. Knight and my father. I immersed a four-ounce brass syringe in water at the temperature of 110 deg. Fahr., and drew a full stream of blood into it from the arm of a stout buxom-looking servant maid. This I injected into a vein on the left arm, taking every precaution to prevent the admission of any air-bubbles. As the operation was

going on, consciousness appeared to be somewhat roused, and the pulse became slightly perceptible at the other arm, but in the course of half an hour the pulse had again disappeared, and she remained still unconscious. I then a second time injected three ounces of blood into the right arm (the veins were so small and empty that there was difficulty in finding the same opening twice); this was again attended with a return of pulse and sensibility, which, however, gradually disappeared as before. After an interval of nearly an hour, I injected a third three ounces of blood, which produced more permanent good effects; the pulse gradually rose as the injection went on, color made its appearance in her face, and she inquired if we had been bleeding her. During the evening she complained much of thirst, and she had occasionally a teaspoonful of wine and water.—8 P. M. The pulse was slightly perceptible, but was not to be counted; she attempted to take a cup of tea, but it was immediately rejected, as was also a teaspoonful of water, and she remained all night awake and thirsty, but afraid to drink even a little water.

31st, 6 A. M. The pulse was 150, and very much increased in strength; the tongue dark brown, hard, and dry. Ordered three drops of creosote in the form of a pill. She vomited almost immediately after taking it, but did not throw up the pill, which from that time appeared to allay the sickness. She then took a tablespoonful of brandy mixture every hour. In the evening she still complained of thirst, and was ordered the following mixture:—Sesquicarbonate of soda, two and a half drachms; sesquicarbonate of ammonia, half a drachm; compound tincture of cardamoms, two drachms; oil of lemon, six drops; distilled water, six ounces. Two tablespoonsful to be taken every three or four hours in a state of effervescence, with twelve grains of citric acid. There was a great extravasation of blood for six or eight inches above and below the elbow in both arms, probably the effect of the injection. Ordered warm water-dressing.

August 1st and 2d. She continued gradually improving in appearance; her pulse was slower, and she was better able to take slight nourishment. The arms were becoming more ecchymosed, and she complained of great pain in them. The warm water-dressing was continued.

3d. Her health is gradually improving, and she is taking no medicine; complains of great pain in the right arm, which was much

inflamed, and very hard just below the elbow, and seemed likely to suppurate. Ordered castor oil and the water-dressing.

4th. The arms rather better; the swelling abated.

5th. Continues to improve, both in health and as regards her arms. Ordered tincture of sesquichloride of iron, one drachm; infusion of quassia and camphor mixture, of each three ounces; to take two tablepoonsful three times a day.

14th. The arms have been gradually improving, and the discoloration is nearly gone, but they remain very weak, and she is not able to write.

28th. She has now quite recovered the use of her arms, and is in general good health. From this time I discontinued attendance.

In June, 1849, she miscarried again, but otherwise she has remained perfectly well up to the present time.—*Lancet*.

ART. II.—*On the Treatment of Obstruction of the Bowels.*

By EDWARD WELLS, M. D., Oxon.

[In some preliminary remarks, the author informs us that it is not his object to treat of intestinal obstructions from causes external to the tube, as tumours, &c., nor of obstructions arising from internal causes, as hardened fæces, neither of those cases which originate in hernia. The cases which he has in view are those which have no demonstrable cause of the obstruction, such as in the following supposed case.]

You are called to a patient, who informs you that he has had no proper relief from the bowels for the last seven or eight days; that he has been to the druggist, and taken black dose upon black dose, pill upon pill, and that they are all in him, and he wants to know what he is to do next. He tells you further that it is true he has been to stool once or twice, or perhaps even oftener during the time, that he has on each occasion passed something, but he is sure it is not what he ought to have passed. In short, to use his own expression, although he has occasionally had a scanty evacuation, he is convinced that "*nothing has gone through him.*" Upon examining the abdomen, you find some distension around the umbilicus, with a degree of tenderness on pressure. This last symptom varies from that slight shade on which the patient can hardly say whether the pressure relieves his pain or not, up to decided tenderness on the least touch. In mild cases the patient will tell you he feels very well, excepting the obstruction, but the knowledge of its existence

makes him very uncomfortable. In other cases there is some degree of sickness conjoined, merely perhaps occasioned by the purgative draughts. In severer cases the sickness is more permanent, mucus or bile being rejected from the stomach. In such instances we should expect the tenderness on pressure over the bowels to be greater, though still not in any degree approaching to what usually occurs in peritonitis. All this time the pulse is not perhaps accelerated, it is generally weak; the tongue is moist and often clean; the urine, provided the obstruction be not situated high up in the bowels, is not necessarily affected, though generally high colored.

Under these circumstances, and especially in the milder cases, the first thing perhaps that you do is to order a large enema to be thrown up. It is found to traverse the large intestine easily; the patient assures you that he feels it go as far as the ileo-cæcal valve, and after a short time it returns without any tinge of fæcal matter. The obstruction is not in any part of the colon, but somewhere in the small intestine.

What treatment should then be adopted? In the severer cases, where there is pain upon pressure, distension of a portion of the intestine, a rumbling of flatus, and frequent vomiting, it will be said that the line of treatment is easily chalked out; that, whatever the cause of the obstruction, we have inflammation superadded; and that our treatment must be directed to subdue the latter. This is quite true: and in such well-marked cases, I do not think there would be much chance of the case being misunderstood. But we must remember that these severe instances of the disease are only the consequence of a continuation and aggravation of the symptoms of its milder forms. We must not forget that the most simple case of obstruction is liable to run on into a fatal form, if, with a view of obtaining an action of the bowels, we are incautious in the prolonged use of irritating medicines. Finding that the patient's chief discomfort arises from the fact of the bowels not acting, that he professes himself as feeling otherwise well, we are, perhaps, rather too liable to fall in with his own fancies, and just give him one more dose.

Now, in these cases what ought we to do? In the first place, abstain entirely from all purgative medicine. It will be much better to err in not giving sufficient aperients, than to err in giving too much. The first thing to do is to compose the patient's mind by informing him that there is no hurry for the bowels to act; that if he waits patiently, they will be sure to act in time; to tell him in-

stances of persons who have gone a long time without any action of the bowels, and have done well.

Next, in these cases of obstinate obstruction, I have great faith in the lancet, where it can with safety be used. It has seemed that a slight degree of faintness produced by bloodletting, has acted very beneficially in removing the exciting causes of the obstruction, probably by the general relaxation which the faintness itself occasions. By putting the patient in an upright position, and bleeding him until he begins to feel slightly faint, I think we are quite safe not to do him any harm. If he is of a weak nervous temperament, a very few ounces will produce the desired effect. If he be strong, he will afford to lose more. Where, however, the debility of the patient forbids the use of the lancet, it will be as well to apply leeches around the umbilicus. These act, probably, by relieving the local congestion, which is either the cause or the effect of the obstruction.

These measures premised, the safest plan is, I think, to put the patient upon repeated doses of calomel and opium. Even if inflammation be totally absent, the exhibition of these two drugs is likely to be attended with the best effects. The opium soothes the bowels already irritated by the repeated cathartics : it allays the over-excited peristaltic action ; it relaxes any contingent spasm, and quiets the patient's mind. To effect these objects, it must be administered in sufficient doses—such as gr. $\frac{1}{2}$ to gr. j. every four hours. The calomel, by improving the secretions, and exciting the action of the liver, tends to remove the cause of the obstruction. And if this happen to depend upon a partial enteritis, the combined action of these two medicines would hold out the best hopes of a successful treatment. If the calomel be sufficiently guarded by opium, there is not, I think, any fear of its producing any serious irritation of the bowels.

While using these remedies, I should be in no hurry to accelerate the action of the bowels by aperients. I should rather wait until they begin to act of themselves, as they generally will ; and then, provided no inflammatory symptoms were present, there would be no objection to administer a dose of castor-oil to aid their propulsive efforts. In these cases it is also better to delay the administration of aperient enemata until the bowels are acting of themselves. Previously to this they appear to add rather to the patient's discomfort, probably by the distension they occasion in the large intestine, which reacts upon the parts already distended by the obstruction.

When there is no tendency to sickness, it is better to allow the

patient to take food, in the shape of gruel, by the mouth. It prevents that sense of sinking which he often experiences, and it probably acts in some degree mechanically in propelling the contents of the intestinal tube.

In those severer cases, where there is frequent sickness, with pain in the bowels, and a rumbling of flatus, the above measures will be still further indicated. But there will also be other things which it will then be necessary to attend to. In these cases it is of great importance to abstain from giving any food by the mouth for some days. A teaspoonful of cold water should be put into the mouth from time to time to allay the patient's thirst. His support should be entirely entrusted to beef-tea injections. It is proved that these are sufficient to maintain the strength for some time—at any rate, for a period sufficient to allay the irritating symptoms, which forbid the exhibition of food by the mouth. This part of the treatment I am inclined to consider as of the highest importance; for as long as food is continued to be administered by the mouth, and is rejected by vomiting, there will be little chance of arresting the inversion of the peristaltic action of the intestinal tube. The nutritive enemata should be of small bulk, not exceeding at the outside a quarter of a pint; otherwise they will not only be retained, but they will add to the patient's sufferings. They should be administered at regular intervals of four hours. When there is much rumbling of the intestines, or when there is a difficulty as to the retention of the injections, it is advisable to add to them a certain proportion of laudanum.—*Medical Gazette, Ranking's Abstract*.

ART. III.—*Case of Volvulus cured by Gastrotomy*.

By Dr. REALI.

(*Revue Medico-Chirurgicale*, Janvier, 1851)

Volvulus, whether consisting of internal strangulation, or intussusception of the intestines, is generally looked upon as beyond the aid of art. The great obstacle to operative proceedings for its relief, is the uncertainty as to the exact site of the obstruction; but when this is clearly ascertained, that gastrotomy is a justifiable procedure, is shown by the result of the following case:—

A peasant aged 30, of athletic form and vigorous constitution, the subject of inguinal hernia, undertook severe labor after eating a quantity of cherries, swallowing the stones. After working some time, he was seized with pain in the hypogastrium, soon followed

by vomiting. Dr. Reali, on examining the abdomen, found the hernia perfectly free; but a short distance from the right iliac fossa, there was seen a shining tumour the size of a pullet's egg. For four days there was no action of the bowels, the vomiting became stercoraceous, and the patient's death appeared inevitable; gastroto-my was resolved upon as a last resort.

The patient being etherised, an incision of four inches was made, commencing at an inch below the umbilicus, and extending nearly to the pubes. The parietes of the abdomen being divided, and the peritoneum opened, the epiploon was raised, and the intestines being pushed aside, the operator introduced his hand towards the tumor, which was found to consist of a fold of ileum twisted upon itself, so as to form a ring which could not be liberated. Under these circumstances the surgeon made three incisions into the projecting intestine; the incisions were united by suture, and the operation was completed by closing the abdominal wound.

The patient took ice freely, and cold applications were used. The day after the operation the abdominal pains ceased, as also the vomiting and hiccup, and on the second day there was free alvine relief. Subsequently symptoms of enteritis ensued, with an erysipelatous blush around the external wound. On the fourth day the sutures were removed, the edges of the wound being gangrenous. On the twentieth day the fætid suppuration was much abated, and the wound assumed a healthy aspect, but complete cicatrization did not occur till after four months.

This case undoubtedly exhibits the propriety of opening the abdomen in cases of constipation, when the situation can be clearly or even approximately made out. The incisions into the intestines were in our opinion, unadvisable; and to them, with the partial fæcal extravasations which probably ensued, may be attributed many of the untoward symptoms which delayed the patient's recovery,

ART. IV.—*Case of Birth, after the death of the Mother.*

Dr. Schneider relates that being summoned in haste to a woman in labor, he found her dead on his arrival. On placing the hand on the yet warm abdomen, he felt the uterus contracted and sunk in the pelvis. By an examination per vaginam, a foot was detected, and, by rapidly completing the delivery, he had the satisfaction of bringing into the world an apparently still-born child, which, however soon revived.—*Casper's Wochenschrift*; and *British Medical and Physical Journal*.

ART. V. — *Treatment of Delirium and Coma.** By DR. R. B. TODD, F. R. S.

In this latter diagnosis, it is plain that we derive great aid from the clinical fact to which I have already alluded: namely, that the vast majority of cases of delirium and coma are clearly not dependent upon any inflammatory process in the brain—upon any process which leads to the formation of lymph or pus, or to the ultimate disorganization or total destruction of the tissues affected. And we derive further help, in the diagnosis, from the fact (which, I think, cannot be doubted,) that inflammation of the brain, (whether of the membranes or of the cerebral pulp,) is a rare disease, excepting in quite young children. It is seldom met with, both in hospital and in private practice, excepting at those early periods of life when it is associated with a strumous state of constitution. Hence, there being the strongest reasons for concluding that inflammation of the brain is a rare disease, we are justified in holding the opinion that delirium and coma, in the vast majority of instances, are non-inflammatory affections, but that occasionally they depend upon, or are associated with, inflammation of the brain. What, now, are the symptoms which, in any given case, would lead us to affirm that the patient is suffering from inflammation of the brain? I shall enumerate these symptoms in the order of their frequency and importance.

The first symptom which I shall mention, because it is of very frequent occurrence, and ought to excite very strong apprehensions in the mind of the medical attendant, is *nausea* and *vomiting*. It comes without any assignable cause; sometimes the patient vomits without any previous warning, and quite irrespective of any food he may have taken into his stomach, or of any previous derangement of his digestive organs, or indeed, of any previous marked disturbance of the general health.

Secondly, we meet with pain in the head as a very frequent symptom, which, however, exhibits a good deal of variety in its characters. Sometimes it is acute, and fixed in its situation; at other times dull and indefinite. It is more intense and better marked in propor-

* We have abridged this article to a reasonable length, after considerable labor.—[Ed.]

tion as the disease is seated nearer the surface. It is most intense in inflammation of the dura mater, less so in inflammation of the pia mater, and least severe in inflammation of the cerebral pulp. When the inflammation arises from a syphilitic taint, the dura mater is very frequently affected; and in such cases the pain in the head is not uncommonly accompanied by a tenderness of the pericranium in the position of the pain.

Thirdly, sluggishness of the pulse is a frequent accompaniment of even the most intense inflammation of the brain. The pulse may fall as low as 50, or even 40, or it may continue to beat at the rate of 60 or 70. It may be sluggish without being particularly slow. The artery strikes in a heavy sluggish manner, not rapidly or sharply, but conveying the sensation as if it impressed a larger surface of the finger than usual. Generally, however, in cases of inflammation of the brain the pulse is both slow and sluggish, and the heart's action heavy, the beats not succeeding each other rapidly.

Fourthly, we have delirium tending to coma. In inflammation of the brain the delirium is generally of the low and muttering kind. You seldom or never have wild frantic delirium when there is inflammation of the brain. The descriptions given by systematic authors of what is called *phrenitis*, appear to me to have no foundation in clinical study—at least, if that affection be regarded as a form of inflammation within the cranium. In inflammation of the brain there is along with the delirium a more or less comatose state, which gives to this form of delirium a close resemblance to that which comes on in typhus fever. Indeed, some cases of inflammation of the brain so much resemble typhus fever, that it is exceedingly difficult, or quite impossible to distinguish between them, until the disease is so far advanced as to afford some special characteristic symptoms.

Fifthly, I may notice *coma*, which generally accompanies or follows delirium, and which is a more constant symptom of inflammation of the brain than delirium. Delirium of the low muttering kind, passing readily into coma, without any evidence of diseased kidney, or of impediment to the excretion of any other gland, affords strong presumptive evidence of the existence of inflammation of the brain.

The last symptom to which I shall refer as accompanying inflammation of the brain is *paralysis*, which occurs under a great variety of circumstances as regards degree and locality. Occurring in connection with the other symptoms I have detailed, it is a sure indica-

tion of the presence of destructive disease within the cranium. It is obvious, however, that it must vary considerably in extent, according to the extent and position of the inflammation.—You may have a slight paralysis affecting the levator palpebræ and some of the muscles of the eye-ball; or a hemiplegia, perfect, or otherwise, but frequently exhibiting a more or less contracted state of the muscles of the paralytic limbs.

The paralysed limbs are sometimes affected at intervals with epileptiform convulsions, more especially when the inflammatory process is seated on, or very near, the surface of the brain. In rare instances, in young subjects, such partial convulsive movements may pass into general convulsions; otherwise, I apprehend that general convulsions cannot be regarded as a feature of the clinical history of inflammation of the brain.

Thus, then, that form of delirium which is accompanied with nausea or vomiting, pain in the head, or a slow sluggish pulse, and has an obvious tendency to the comatose state, or passes quickly into coma, and especially when accompanied or succeeded by paralysis, may be justly viewed as having its origin in inflammation within the cranium, more especially when there is no evidence of disease of the kidney.

Excluding the delirium which originates in inflammation of the brain, the diagnosis of the other forms of delirium from each other is comparatively simple, certain salient points in the history of each affording generally obvious indications of the nature of the delirium.

[Dr. Todd considers the treatment of *delirium tremens* first, not only because we see it most frequently in hospital practice, but because the treatment best suited to it is also in a great degree applicable to other forms of delirium.—He says:]

By delirium tremens I mean that state which comes on sooner or later in all persons addicted to habits of intemperance. Many practical men recognize two kinds of delirium tremens; but it would, as it seems to me, be more correct to consider these as two distinct forms of delirium, closely allied, however, inasmuch as they both may arise from intemperance. The first is the true delirium tremens of drunkards,—*delirium ebriosorum*; the second is delirium from alcohol,—*delirium e potu*, which may occur in a man who is habitually the most temperate. As I go on you will see the importance of this dis-

tinction. The one occurs in a habitual drunkard,—the other may occur in a person drinking for the first time. One is frequently the precursor of the other if a temperate man be led to drink excessively, the second form soon comes on, arising from the poison of alcohol interfering with the healthy action of the brain; but if he become a habitual drunkard, he is subject to attacks of the true delirium tremens, under particular circumstances. In this case, however, the poison is not alcohol, but a compound formed of alcohol and, perhaps, some morbid matter generated in the system. The true delirium tremens is the delirium of a man who, having long indulged in his cups, has by some means or other been depressed, or prevented from taking his accustomed amount of stimuli. The *delirium e potu* is the delirium of a man whose blood has become charged with alcohol; it is a case of active poisoning, the poison being alcohol, but we know this cannot be the case in the delirium of drunkards, because the exhibition of alcohol in some form or other is known by experience to constitute a most important part of the treatment of the disease; as if alcohol, within certain limits, were an antidote to poison which disturbs the nutrition of the brain.

If these distinctions be correct, it is obviously of vast importance to recognize clearly the two maladies, as an essentially different treatment would be required. In the one case you have to deal with delirium, supervening upon a disease in which the powers of life have been greatly impaired by a course of slow poisoning: in the other you have to oppose by your treatment the mischief done by the introduction of alcohol, and to eliminate this poison from the system.

You have very much the same difference in case of opium-poisoning as in that of poisoning by alcohol. Habitual opium-eaters are liable to a form of delirium which closely resembles the true delirium tremens, and which, like it, is apt to come on when they are deprived of their accustomed supply of opium. But the rapid administration of opium in large quantity will excite a state of delirium which very speedily passes in to profound coma. In the one case, the administration of a certain quantity of opium, or of some other sedative, is essential to the cure; in the other case, the introduction of any more opium into the system would inevitably destroy the patient, or greatly increase his peril.

It is important to observe that these two kinds of delirium may be mixed: they may occur in the same patient at the same time. A

man habitually intemperate, whose blood is already poisoned by the peculiar poison of delirium tremens, and who has had the horrors, and many other of the symptoms of delirium tremens, sits down to a bout of drinking, and alcohol enters his blood in large quantity. Thus he becomes at once the subject of two states over which, however, the delirium *e potu* would evidently predominate. In such cases the treatment evidently becomes much complicated, and it would obviously be desirable to eliminate the free alcohol from the system before you can deal with the delirium tremens.

I shall now proceed to the consideration of the treatment of the true delirium tremens, which we meet very commonly in hospital practice, both in a mild and in a more intense form.

I. The milder form of the disease is characterised by the occurrence of horrors, hallucinations, tremor, *vigilia*. In such cases the patient fancies he sees demons, or dragons, or insects creeping over his bed, or flying in the air; he is suspicious, and thinks every body is combining against him to do him some injury; or he dreads some impending evil, and fancies himself about to die, or to fall into misfortune. With some or all of these symptoms there is more or less of tremor accompanying the voluntary motions. If you ask the patient to hold out his hand, he does so with a remarkable and characteristic tremor: this tremor interferes greatly with the due performance of many acts which require a nice muscular adjustment: he cannot hold and direct his pen properly: he is a long time about buttoning his coat or his breeches, or tying his cravat; to pick up a pin, or neatly insert it into any part of his garments, is quite beyond his power. So also if you make him shut his eyes strongly, or protrude his tongue, you witness the same characteristic tremulousness in those actions. He finds it difficult to obtain sleep, and if he does sleep it is only for short periods, frequently being waked up in a fright by horrible dreams, or with nightmare. With all these symptoms of disturbance of the nervous centres, the patient's skin is moist, often perspiring freely, his tongue is clean, and his pulse soft, and not quick.

In every case of this kind it is important to remember that the balance of nutrition, so to speak, is disturbed by some cause,—either by the want of proper food, from loss of appetite or from the inability to procure it, as we often find with our poor hospital patients; or by the impairment of the functions of the stomach, through the repeated use of stimulants, so that the patient is unable to retain or digest nutri-

tious food. The great object of treatment, therefore, is, to restore the balance of nutrition and to procure sleep, in which, if you succeed, you cure your patient in a very few days. It generally happens in these mild cases that the discipline, the regular hours, and the care to which the patients are subjected in a hospital, restore them to health with very little medical interference.

[Dr. Todd illustrates the preceding observations by the particulars of the following case :

Henry Arden, aged 29, was admitted on the 2nd of July. His health had been good until nine months previously, when he suffered from some indisposition. He had acquired the habit of drinking porter daily, even to the amount of from four to five pints, from which he supposed he derived benefit.

Two months before his admission he began to suffer from dyspeptic symptoms, with loss of appetite. He left off taking his porter, and in his own words, "felt something rise from his chest to his head," accompanied by various hallucinations, (fancying himself to be walking about the house, opening the windows, &c.,) and these continuing, he was admitted on the 2nd of July. On the admission, he exhibited all the characteristic signs of delirium tremens, tremors in all his movements, pallid countenance, sleeplessness, with the above hallucinations.

He was put simply upon a regulated diet, allowed a pint of porter daily, and a moderate quantity of meat, and ordered half a grain of morphia every night. On this night, he slept for the first time for four nights. On the fifth, the tremulousness was less, and all hallucination had disappeared; and on the 12th, with the exception of some tremulousness remaining, he was quite well.

[Dr. Todd then proceeds to consider the treatment of the more intense or confirmed delirium tremens.]

In deciding upon the appropriate treatment of such cases as these, we must look, in the first instance, to the immediate cause which has disturbed the balance of nutrition. We shall find this to be either that he has been deprived of food by dire want, or that his stomach has become so irritable that it rejects everything that he takes. I say it is important to determine the cause of this disturbed nutrition; because our first endeavor must be to induce our patient to take nourishing food. This will be easily enough effected if the patient had been deprived of food from necessity, or if his appetite had been impaired;—and it is best to administer the food in small quantities

at a time, but frequently repeated. An ounce, or an ounce and a half, of mutton-chop may be given every two or three hours: or small quantities of some good animal broth or soup. The most difficult case to deal with, is where the stomach has become extremely irritable and rejects the food. Under such circumstances, the greatest nicety is required in the administration of nutriment. If the stomach will not bear solid food or animal broths, milk may be given, the caseine of which may serve for solid food; but it must be given in small quantities at a time, and it may be combined with lime-water, or sometimes even with very small quantities of some alcoholic stimulant—brandy, rum, and gin, it being generally better to select that stimulant which the patient has been accustomed to drink. The patient may be able to retain nourishment of this kind if given in tablespoonfuls, or even teaspoonfuls, at a time, while, if larger quantities were administered, vomiting would ensue.

At the same time, we may with advantage attempt to allay the irritability of the stomach, by other means likewise—as by giving ammonia in effervescence, or the common effervescing draught of soda or potash, or by prussic acid given with or without effervescing medicines; or we may have recourse to a very useful and effective remedy—kreosote combined with morphia, in small doses in the form of pills. Iced water, or small quantities of the pure Wenham Lake ice, will allay the irritable stomach when other means fail. Counter-irritation over the region of the stomach may be also employed with benefit—as mustard poultices, or flannels wrung out of hot water and sprinkled with turpentine.

The mucous membrane of the stomach is no doubt in these cases sometimes in a state of actual inflammation, or nearly approaching to it, although less frequently so than many suppose; and it may be desirable to apply leeches to the epigastrium; but as a general rule, it behooves us to be cautious about taking blood in these cases. I need scarcely add, that in all cases where the stomach is highly irritable it is very important to have the bowels freely evacuated, either by purgative or by enema. Let us now suppose that your patient, not having slept for many hours, is in a state of delirium so violent that he cannot be kept in bed, and is with difficulty kept from injuring himself or others: how are we to act in such a case? There are three points to which your attention must be especially directed:—1. The due administration of nourishment. 2. The means

of restraint. 3. How to procure sleep. I have already sufficiently considered the first point, and shall only add, that whatever the nature of the delirium, this point is primary and paramount.

¶ Dr. Todd condemns all mechanical restraint upon the patient in delirium tremens, especially the strait waistcoat. He prefers careful watching, except where some danger is apprehended, from the violence of the patient.

Dr. Todd prefers opium or laudanum as a narcotic, to morphia and its preparations,—tells us to give it boldly and without timidity—a decisive dose at once, two or three grains of the extract or 60 minims of the tincture, being preferable to small and oft-repeated doses, which rather serve to excite the patient than determine repose.

He combines camphor with opium in some cases, because the former promotes the sedative influence of the latter.

Dr. Todd prefers, over all other medicines, a combination of opium and quinine in delirium tremens, especially when accompanied with great depression and prostration. To quiet delirious patients, Dr. Todd recommends cold applications to the head—the cold douche, or the use of pounded ice to the head; but he recommends caution in the use of cold applications to the head, as they may produce such depression of the heart's action as may kill the patient.

As an illustration of this fact, we may mention the case of a young man who, in a fit of delirium tremens, was injudiciously subjected to a powerful shower-bath, whilst the whole system was overheated and the brain very much excited, and he expired on the spot,—the shock paralysed the heart and it ceased to act. This occurred in New-Orleans, in the fall of 1850. And we now allude to this painful incident as a warning to those who may think no harm can occur to a patient in this condition from the sudden and powerful application of cold water to the entire system.

Dr. Todd regards a very contracted state of the pupils after the free use of opiates in delirium tremens, as contra-indicating the further employment of this class of medicines. In these cases he advises the inhalation of chloroform and mentions three or four cases in which it produced the happiest effect. In the administration of chloroform, he advises us to keep the patient always in the horizontal position—that the heart should ever be examined in all cases previous to the inhalation of the fluid.—He condemns the use of chloroform soon after taking food, because it is apt to excite vomiting.

The obstinate refusal of patients, affected with delirium tremens, to take food, is regarded by Dr. T. as a very bad sign—worse than morbid vigilance, because, if they persist in this, the restoration of the balance of nutrition, always so necessary in such cases, cannot take place. In such cases he recommends enemata of nutritious soups, and even recourse to the œsophagus tube, when the first plan fails. On bloodletting and cupping in delirium tremens, we will let the author speak for himself, in the following words :

“An important question, as regards the general treatment of delirium tremens, is as to the propriety of bleeding. Is it necessary or desirable to bleed, either generally or locally, in such cases? Upon this point practical men are pretty well agreed, that bleeding is a bad and highly dangerous practice; and both reason and experience combine in support of this opinion. For in this delirium there is a marked tendency to the deterioration of the blood by increase of its water and a diminution of its coloring matter; and we know that under a bleeding system this tendency becomes augmented, and so the disturbed nutrition of the brain increased and perpetuated. Moreover, there is nothing in the pathology of the disease which would warrant us in bloodletting; for we have ascertained on the most incontestible evidence that there is no inflammation or congestion to combat by such means. Again, experience shows that bleeding is followed by unsatisfactory results. If you bleed in violent delirium you generally add fuel to the fire, and you increase the violence of the delirium; unless, indeed, you take away so much blood as to produce extreme prostration which destroys the force of the patient, and from which he is not likely to rally.

In fine, in the treatment of the ordinary cases of delirium tremens, which you will meet with in practice, I cannot too strongly impress it upon you, that the most important point is to uphold the strength of the patient, in which, unless you can succeed, all other remedies will be useless. In confirmation of this, I may here mention, that Dr. Gerhard, of Philadelphia, as I learn from Dr. Wood’s excellent book on the practice of physic, pursues with great success a purely stimulating plan of treatment in delirium tremens, to which alone he trusts; he gives in all cases, an ounce or two ounces of brandy, every two, three, or four hours, according to circumstances; and by following this plan he has reduced the mortality from this disease in the large hospital at Philadelphia, from one in eight, to one in thirty-

nine. This is a very important statistical fact in reference to the treatment of delirium tremens, and affords valuable support to the advice I have given you. I am not, however, prepared to trust to this treatment alone, nor to give up the use of opium and of other remedies."

¶. Dr. Todd makes some difference between *delirium e potu*, and del. tremens—the first is caused by direct and speedy poisoning with alcohol, as indicated by the loud talking, singing or hallooing of the patient,—in these cases, emetics, purgatives, and sudorifics will generally suffice to restore the patient,—sometimes nauseating doses of tartar emetic will answer a good purpose—by reducing the excitement of the heart and arteries, and thus aid by a free diaphoresis, the elimination of the poison.—Mechanical restraint may be resorted to in these cases—and cold lotions applied to the head, although the former must be abstained from in delirium tremens.

The following remarks on *rheumatic* and *gouty delirium*, are so interesting and practical that we shall copy a large portion of them :

Rheumatic delirium generally comes on suddenly in the course of rheumatic fever, and is frequently *coincident* with pericarditis and endocarditis. I say it is *coincident* with the cardiac affection, and not necessarily related to it, as effect to cause; because the amount of severity of the delirium bears no proportion to the intensity of the inflammation; for we may have slight peri-or endocarditis with severe delirium, or we may have slight delirium with extensive inflammation of the heart; and we know well that the cardiac inflammation often exists without the delirium. The severity of the delirium is, however, in proportion to the debility of the patient. When you have a very watery state of the blood, or where the blood is deficient in coloring matter, and when, also, perhaps, the blood is much charged with the rheumatic poison, you have a condition highly favorable to the production of delirium.

The rheumatic delirium undoubtedly occurs more frequently in those cases of rheumatic fever which have been treated by bleeding; and probably because bleeding makes the blood watery, and diminishes its red particles. When I was in the habit of bleeding in every case of rheumatic fever, as I used to do some years ago, a much larger portion of my patients were attacked with delirium than now, when I never bleed in this disease; indeed, now I find it difficult to meet with a case of this form of delirium to show you.

Now let us suppose that you are asked to see a patient who had been laboring under rheumatic fever, and who has suddenly become delirious, with or without difficulty of breathing. From what you now know of the clinical history of the disease, you would at once examine the state of the heart, whether there were any symptoms referable to that organ or not. Let us suppose that you find, as in the majority of cases you will do, a rubbing sound, showing the existence of the pericarditis, or a bellows sound, indicative of valvular disease or of extreme anæmia. What are you to do in such a case as this? The patient is quite delirious, tosses about the bed-clothes, talks wildly, tries to get out of bed, and will not be restrained.

Although there is inflammation of the heart here, and none of the brain, yet I can assure you that the symptom which demands most urgently your first attention is the delirium; and that whatever may be your theory as to the relation of the delirium to the affection of the heart, the interests of your patient demand the instant adoption of means to quiet the state of excitement into which he has passed. Important and serious as is the affection of the heart, as compared with the delirium, it is just now of no moment; for if the delirium be allowed to continue, there is great danger of the patient dying suddenly from exhaustion.

Fortunately, however, we have in opium a remedy equally applicable to the cardiac, as well as to the cerebral affection. In these cases you must give opium to produce sleep, just as you would do in traumatic delirium or in delirium tremens. Opium thus given will quiet not only the brain, but the heart also; and it no doubt exercises a favorable influence on the inflamed serous membrane likewise, checking the spread of inflammation and promoting its resolution.

At the same time you will find it useful to apply a blister to the region of the heart, and to promote a free discharge from the blistered surface. But avoid bleeding, whether general or topical, if you wish to get your patient through without untoward symptoms, and reserve all other depressing treatment until the symptoms of delirium have passed away. During delirium you must also be careful to administer support, because the very existence of delirium makes great calls on the powers of the patient, and he therefore requires to be freely supplied with nutritious matter easy of digestion, and with stimulants. You need not be deterred from giving opium, and administering support and stimulants, by the fear lest such treatment should increase the cardiac inflammation; the experience of many

cases convinces me that under this plan the heart becomes less irritable, the pulse slower and the cardiac inflammation becomes circumscribed, and it tends to terminate by resolution or adhesion rather than by the effusion of water. On the other hand, if you persist in an antiphlogistic plan, you keep up or increase delirium, you exhaust the powers of the patient, and effusion is apt to take place into the pericardium, whereby the heart's action may become seriously impeded.

If this treatment be commenced early, and pursued effectually, it is rare indeed for the patient to go wrong.

¶. As delirium is a very common symptom in erysipelas, and often difficult to treat, we shall make room for the subjoined sensible observations on this subject, regretting at the same time, that our limited space precludes our making any further analysis of these interesting papers, by Dr. Todd.—*Braithwaite's Retrospect from N. O. Med. & Sur. Jour.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—*Surgical Anatomy*. By JOSEPH MACLISE, Surgeon, with colored Plates. Part IV. Philadelphia: Blanchard & Lea. 1851. Price \$2 each Part.

It was proposed and expected that this beautiful work would be completed in four parts; but the materials have so accumulated on the hands of the author, that another part is necessarily added. The price, however, of the 5th Part is to be but one dollar. The present contains sixteen elegantly and accurately executed plates, each plate containing from one to fifteen figures. It commences with the surgical anatomy of the iliac and femoral regions. This is followed by the relative anatomy of the male pelvic organs—the perineum, with its relations to lithotomy. The dissections of the male bladder, urethra, prostate gland, with their morbid conditions, are fully displayed; the whole being accompanied by lucid commentaries and explanatory notes.

Part IV. is fully equal to the preceding, in all those elements which have rendered them so universally popular with the profession. To the young surgeon, who cannot have frequent access to the dissecting room, these plates are a desideratum; and he who is favored with opportunities of an occasional examination of the natural parts, will be greatly benefitted by reference to these unsurpassed delineations.

Sold by Huntington & Mac Intire.

2.—*The Half Yearly Abstract of the Medical Sciences: Being a Practical and Analytical Digest of the contents of the principal British and Continental Medical Works, published in the preceding six months; together with a series of Critical Reports on the progress of Medicine and the Collateral Sciences during the same period.* Edited by W. H. RANKING, M.D. Contab. No. XIII. January, June. 1851. pp. 324. Philadelphia: Lindsay & Blakiston.

The above work, or Resume of all that is new and interesting, is so well known to the profession, that it needs no especial notice at our hands. The present number contains a vast amount of matter, of more than usual interest. It is precisely what the profession needs. It gives us, in the compass of a few pages, the *quintessence* of all the improvements in Medicine and Surgery for the entire preceding six months.

3.—*Proceedings of the Iowa Medical Society.*

We have received, in a pamphlet of 63 pages, the proceedings of the Second Annual Meeting of the above Society, held in Fairfield on the 7th of May. Although it does not contain the names or the number of those present, we infer that the attendance was respectable. The proceedings are characterized by a commendable enthusiasm in the great cause of professional advancement, and by unanimity of action and feeling. It contains several able reports; one, from the pen of Prof. Sanford, "on the causes which contribute to depress the Science and Dignity of the Medical Profession in Iowa," adds to the author's reputation as an elegant and logical writer. The second is "on the Medical and Economical Botany of Iowa," from Dr. Rauch. A very long list of medicinal plants, occupying 38 pages, is given. The

chairman, and several others, have exhibited a commendable zeal in the prosecution of this most delightful study, and in the collection and preservation of plants, which they propose to exchange with botanists in any part of the country. Another report, "on the Topography, Climate, and Diseases of Iowa," is from the pen of Dr. J. F. Henry. We are gratified to notice the election of our old friend and fellow-citizen, Dr. D. L. McGugin, as president of the society, and that he is taking effectual measures for the upbuilding of a Lunatic Asylum in that young and flourishing State.

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- 4.—*The Microscopist, or a Complete Manual on the use of the Microscope, for Physicians, Students and all Lovers of Natural Science, with Illustrations.* By JOSEPH H. WYTHES, M.D. 12 mo. pp. 191. Philadelphia: Lindsay & Blakiston. 1851.

We take more than ordinary pleasure in announcing the work before us to our friends and the profession. The increasing attention paid to the subject of Histology and to Microscopy in general, by medical men and others engaged in scientific pursuits, has for some time demanded a work which should serve as a guide or text-book on the uses of the Microscope. The study of Microscopic Anatomy and *Physiology*, in those departments which require the aid of this instrument for their elucidation, is not only one of absorbing interest, but promises to throw a vast amount of light upon the subjects of Pathology and Diagnosis. The medical profession is awakening to the importance of this subject, and we trust the day is not far distant when Microscopy will be taught as a prominent department in every medical college, and the microscope shall be considered necessary to complete the armamentaria of every physician and surgeon.

From the examination we have given "The Microscopist," and we have looked it over rather carefully, we feel that we can scarcely say too much in its praise. We do not remember when we have seen so much substantial and valuable matter brought within so small a compass. The propensity of modern writers is to elaborate and amplify to such an extent as to render their works unwieldy and really formidable. Verbiage and circumlocution are among the great defects of modern literature. Strange, when life is known to be so short, that men should be obliged to wade through oceans of words in order to secure a few ideas which might be laconically expressed.

To give the reader a specimen of the author's style, and at the same time something of the beauty and the grandeur of the subjects contemplated in the work, we quote the following :

"To the Christian philosopher, the microscope reveals the most amazing evidence of that Creative Power and Wisdom before which great and small are terms without meaning. He rises from the contemplation of the minutiae which it displays, feeling more strongly than ever the force of those beautiful words—'If God so clothe the grass of the field, which to-day is, and to-morrow is cast into the oven, shall he not much more clothe you, O ye of little faith?'

"To the geologist, it reveals the striking, yet humbling fact, that the world on which we tread is but the wreck of ancient organic creations. The large coal beds are the ruins of a luxuriant and gigantic vegetation ; and the vast limestone rocks, which are so abundant on the earth's surface, are the catacombs of myriads of animal tribes which are too minute to be perceived by the unassisted vision. It exhibits, also, that metallic ore, as the Bog Iron Ore, and immense layers of earthy and rocky matter, are formed merely by the aggregation of the skeletons or shields of Infusoria ; while beds of coral rocks are still in the process of formation, the architects being tiny marine polypi. Further, by this instrument, the nature of gigantic fossil remains is often determined, and by it they are assigned their true place in the classification of the naturalist.

"To the student of vegetable physiology, the microscope is an indispensable instrument. By it he is enabled to trace the first beginnings of vegetable life, and the functions of the different tissues and vessels in plants.

"The zoologist finds it also a necessary auxiliary. Without it, not only would the structure and functions of many animals remain unknown, but the existence of numerous species would be undiscovered.

"It is to the medical student and practitioner, however, that the microscope commends itself for its utility. A new branch of medical study—histology—has been created by its means alone ; while its contributions to morbid anatomy and physiology, or pathology, are indispensable to the student or physician who would excel, or even keep pace with the progress of others, in his profession."

The work is divided into fourteen chapters. Chap. I, we have—

The history and importance of Microscopic Investigation. II. A description of the Microscope. III. Adjuncts to the Microscope. IV. Instructions how to use the Microscope. V. On mounting and preserving objects for examination. VI. On procuring objects for the Microscope. VII. Test objects. VIII. Directions for dissecting objects for the Microscope. IX. A brief description of the cell doctrine of Physiology. X. Examination of Morbid Structures, etc. XI. On Minute Injections. XII. Examination of Urinary Deposits. XIII. On Polarized Light. XIV. Hints to microscopists.

The above subjects, although not as elaborately treated as in the large works of Quecket, Robin and others, are illustrated in a plain, concise and graphic manner; and for practical purposes, particularly to the student, the work is really superior to them.

We trust the students of Natural Science, and scholars of our country will gratefully respond to the author for this valuable production. They will doubtless appreciate the beauty and appropriateness of the following closing paragraph of the author's preface:

"The work is committed to the notice of the scientific community with the hope that it may prove of service in the study of the wonderful works of the Great Creator, who is "all in all, and all in every part;" whose Power and Wisdom are seen as well in the minutest atom as in the most gigantic masses; and whose government embraces not only intelligent free agents, but also the smallest animalculæ existing in a drop of stagnant water.

5.—*The Laws of Health, in Relation to Mind and Body; A Series of Letters from an Old Practitioner to a Patient.* By LIONEL JOHN BEALE, M. R. C. S., 12 mo. pp. 295. Philadelphia: Blanchard & Lea, 1851.

Although the author does not intimate for what class of readers the work before us was written, we infer, from its being arranged in a series of letters to a patient, that it was designed more especially for the people or the non-professional reader. Works of this class, which are intended to enlighten the public mind on the momentous subject of human health, are, if skillfully executed, fraught with important and lasting beneficial results. Physicians cannot, perhaps, engage in a more important calling than that of imparting knowledge which shall guide men in the best possible manner so as to secure their physical well-being. To write a book, however, which will attain this

object, is no easy task. We infer this from the fact that so few have succeeded. The cause, however, may lie in the incompetency of the authors who have generally thus far failed.

Of the work before us, in many respects we can speak in terms of commendation. Many of the phenomena and functions of mind and body are lucidly and correctly described. Truths and practical hints are displayed in many portions of the work, such as will really enlighten and benefit the reader. But there are mingled with these, irrelevancies, inaccuracies, and commonplace words and phrases, which must render its claims questionable at least. Besides, there is a want of system; the author is frequently too discursive; leaping from one subject to another which have no natural relations. The work, however, will repay the reading; and, for its merits, we commend it to those who may desire to consult such a work. Sold by Huntington & Mac Intire.

6.—*Elements of General and Pathological Anatomy, presenting a view of the Present State of Knowledge in these Branches of Science.* By DAVID CRAIGIE, M. D., F. R. S., Fellow of the Royal College of Physicians, Edinburgh, and Honorary Consulting Physician to the Royal Infirmary. Second edition. Enlarged, revised and improved. Svo. pp. 1072. Philadelphia: Lindsay & Blakiston, 1851.

As the first edition of this voluminous work on Pathological Anatomy was issued in Great Britain, near twenty-five years ago, it could not contain the many important discoveries and improvements made within the last quarter of a century. Whatever was *true*, was as much so then as now, and consequently the author remarks thus:

“In preparing the present edition, all the materials of the first have been employed. But they have been greatly increased by the introduction of new matter under the proper heads, in order to carry forward to the present time the information acquired since the appearance of the first edition. Numerous rectifications, both in healthy and morbid anatomy, have also been made.

“Besides the changes now mentioned, two new books have been added; one on the Structure and Morbid States of the Glands; the other on the Structure and Morbid States of the Lungs and Heart.

“The object of the author throughout the volume has been to

communicate precise and useful information in a perspicuous and methodical manner."

He further says, that —

"Novelty is not the only object which the author of a work on pathological anatomy should keep in view. His great object must be to furnish correct statements and useful information on the nature and distinctive characters of diseases. On this account the author has adhered, as formerly, to the principle of judicious selection."

The work is divided into six books, each book being subdivided into several chapters. The first treats of Simple Elementary Tissues. II. of the Nervous System. III. of the Kinetic Textures. IV. of the Membranous, or Investing Textures. V. of the Glands. VI. of the Lungs and Heart. The subjects of each chapter we cannot enumerate, but we feel justified in making the general remark, that the work seems full and complete, and treats of every subject within the domain of general pathology and pathological anatomy.

The mechanical execution of the work is excellent. The paper, type and binding are all of the best quality. The publishers have done themselves great credit, and laid the profession under increased obligations for the pains they have taken in placing so valuable a text book within its reach.

For sale by Huntington & Mac Intire.

7.—*Practical Anatomy, Physiology and Pathology, Hygiene and Therapeutics.* By T. S. LAMBERT, M. D., Professor of Anatomy and Physiology in Pittsfield, (Young Ladies' Institute.) Author of "Notes to Muller's Physiology," Popular Anatomy and Physiology, Pictorial Physiology, etc. Illustrated by five colored plates, and over one hundred wood engravings. 12mo. pp. 258. Portland: Sanborn & Carter. New York: Leavitt & Co. 1851.

Third Book of Anatomy and Physiology, or Popular Anatomy and Physiology adapted to the use of Students and General Readers. By T. S. LAMBERT, M. D., Professor of Anatomy and Physiology, etc., etc. With one hundred and fifty wood cuts, and beautiful lithographic descriptive illustrations. 12 mo. pp. 408. Portland: Sanborn & Carter. New York: Leavitt & Co. 1851.

We congratulate ourselves and the community at large, that the important sciences of Anatomy and Physiology are beginning to be

taught, and are thoroughly and successfully studied in the academic institutions of our country ; and for the purpose of facilitating their study, and for the illustration of these great departments of knowledge, we are happy to find books written by members of our profession, who, by their talents and learning, are abundantly competent for the work. How is it possible for the rising generation to engage in a more interesting and profitable study than that of their own physical and mental organization ? There is no mechanism so perfect, so complicated, and at the same time so beautifully adapted to its respective functions, as that of the human body. Nothing bears so directly upon human health, happiness and longevity, as a sound, practical knowledge of Anatomy and Physiology ; and yet, strange to say, there is no department of human knowledge about which men are so profoundly ignorant, as this. The relations of bones blood-vessels, muscles and nerves ; the circulation of the blood, respiration, digestion, nutrition and secretion, are to most well-informed men inscrutable mysteries.

We have not time nor space to review the above works. They are written mainly for the use of schools, but their perusal will benefit any man at any age, of any avocation or profession. We would invite our readers to procure and examine them for themselves ; and if, in their estimation, they are equal to our recommendation, we hope they will exert their influence to place them in the hands of all teachers and scholars within their reach. They are not written by an *upstart*, fugitive, or pretender in our profession, but by a man who is not only thoroughly educated, but loves, and cherishes, and ably defends the profession of his choice.

These works are accompanied by six or eight large colored plates — about two by three feet square — illustrating the human skeleton, the muscles, the viscera, &c., &c., on so large a scale as to be easily seen across an ordinary school room. The plates, beautifully executed and colored from those of Bourgery and Jacob, cost, if we recollect rightly, but fifty cents each, thus bringing them within the reach of every school district in the land.

Dr. Lambert has already done the cause of education an essential service, and has laid our country under the highest obligations to him for his singularly valuable productions.

Sold by Huntington & Mac Intire.

- 8.—*A Practical Treatise on the Diseases of the Lungs and Heart, including the Principles of Physical Diagnosis.* By WALTER HAYLE WALSH, 12 mo. pp. 612. Philadelphia : Blanchard & Lea, 1851.

This work is divided into two parts. Part I. treats of the physical examination of the lungs, heart, and great vessels, and is sub-divided into two chapters. Chapter I. takes up the physical examination of the lungs, and Chapter II. the physical examination of the heart and great vessels. Part II. considers the diseases of the lungs, heart and aorta, and is sub-divided into three chapters. Chapter I. treats of the diseases of the lungs and their appendages. Chapter II. the diseases of the heart, and Chapter III. the diseases of the aorta.

The examination we have given the above work, convinces us that it is a complete system or treatise upon the great specialty of Physical Diagnosis. To give the reader a more perfect idea of what it contains, we should be glad to copy the whole table of contents and make some extracts from its pages, but our limits forbid. We have no hesitation in recommending the work as one of the most complete on this subject in the English language; and yet it is not so voluminous as to be objectionable on this account, to any practitioner, however pressing his engagements.

Mechanically, it is executed in an elegant and workmanlike manner, and reflects much credit upon the enterprising publishers.

For sale by Huntington & Mac Intire.

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- 9.—*Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine;* particularly adapted for Captains of Merchant Vessels, Missionaries, and Colonists, with Plain Rules for taking the Medicines; to which are added Directions for Restoring Suspended Animation, the Method of obviating the effects of Poisons, a plain description of the Treatment of Fractures and Dislocations, and a concise account of Asiatic or Spasmodic Cholera. Revised and considerably enlarged by R. DAVIS, Member of the Royal College of Surgeons, assisted by some of the most eminent Physicians and Surgeons of the day. First American from the thirty-third London edition; 12 mo. pp. 216. New York : Samuel S. & William Wood, 261 Pearl street. 1851.

For the amusement and instruction of our readers, we copy the

notice of the above work from the Boston Medical and Surgical Journal. It is a good one :

“Messrs. S. S. & W. Wood, of New York, have published a small volume of 216 pages, from an English copy of Cox’s Companion, with a title-page elaborate enough to express the contents of a cyclopædia. It makes no pretensions to high ground ; the object is to give seamen some general notions how to proceed, when taken sick at sea. A vessel rarely leaves port without an assortment of medicines, which are often dipped into unsparingly, on the least alarm—the strongest being always supposed the best. We have had much experience with sick seamen, and appreciate any efforts to relieve their hardships, and especially the one of being prostrated with sickness at sea. Many a poor fellow has been lowered over the bulwarks, a victim to excessive medication with Glauber’s salts, who might have seen shore again under proper treatment. When a man before the mast is unable to perform duty, the captain assumes the functions of a physician, and, right or wrong, a dose of salts is the sheet anchor on which they all rely when Jack’s weather braces become too taut. If one dose does not limber his sheets, another is given, more potent than the first ; and if he dies under such attentions, the whole crew knew it would happen because mother Carey’s chickens danced athwart the bows in the last gale ! They talk over the virtues of the departed—how he could double-reef a topsail in a blow, quicker than lightning could scorch a feather ; and never chewed anything but pigtail, which he divided to the last quid with the mess. In short, he died like a gentleman as he was, and the captain gave him salts to the last, with his own hand ! Now if a scene like this can be prevented, and one hardy fellow on the deep be made more comfortable, by providing ships with this guide-book to the medicine chest, or with Dr. Parson’s excellent Physician for Ships, their circulation should be encouraged in our mercantile service.”

PART FIFTH.

EDITORIAL AND MISCELLANY.

We have been so deeply interested in the perusal of the following report of Dr. Howe, on the subject of Idiocy, that we have concluded to lay it, or essential portions of it, before our readers. We ask our friends to read the report, and although not of a strictly professional character, it will be, nevertheless, peculiarly interesting to the true physician, who is ever ready to sympathize with suffering humanity in every form, and takes pleasure in co-operating in any project or enterprise, the object of which is the amelioration of its condition.—[EDITOR.]

ON TRAINING AND EDUCATING IDIOTS: THE SECOND ANNUAL REPORT MADE TO THE LEGISLATURE OF MASSACHUSETTS. By S. G. HOWE, M. D.

Perkins Institution and Mass. Asylum for the Blind,

Boston, January 20, 1851.

To his Excellency, the Governor:

SIR: I have the honor to lay before you the Second Annual Report of the doings under the Resolves of the Legislature, May 8th, 1848, for training and teaching Idiots.

By those Resolves there was appropriated the sum of twenty-five hundred dollars a year, for three years, for the purpose of finding out by actual trial, whether the bodily and mental condition of IDIOTIC PERSONS could be improved, and whether the blessing of instruction, which Massachusetts provides for all others, could be extended likewise to these, the most unfortunate of all her children.

Your predecessor in office made arrangements with me, as head of this Institution, for conducting the trial, and making the experiment.

One of the conditions of the arrangement was, that the experiment should be tried upon at least ten idiotic youth, the children of paupers and indigent persons belonging to Massachusetts.

Ten such children were brought together, from different parts of the State, mostly from the Almshouses, in the autumn of 1848. In February, 1850, I made a Report at considerable length, giving the result of the trial up to that time, which Report was published by order of the Legislature, and may be found in House Document, No. 38.

One of the difficulties, however, in the way, is the popular error that idiocy is a positive and incurable malady, or an utter and hopeless privation of mind ; whereas, it is neither the one nor the other, but only an infirmity or weakness of mind, greater or less. It may be so great, indeed, that the sufferer is lower than the brutes in point of intelligence, or it may be so slight, that one is perplexed to decide, whether he is, or is not to be considered idiotic ; he stands, with a multitude of others, upon the dividing line, between silly persons and positive simpletons.

It is difficult to show, to persons who have not examined the subject of idiocy, and who are unacquainted with the former condition of our pupils, that they have made any great improvement. The ordinary standard is utterly useless for measuring them. Whatever progress they may have made, and whatever acquirements they may have gained, their knowledge is still, and must remain, a *minus* quantity, when compared with that of other children. Whoever compares the children in our school with those even of an inferior common school, will find the brightest in the first to be inferior to the dunces in the other.

Whoever should visit our school without ever having seen it before, and note the condition of the scholars without knowing what their condition was formerly, would find it hard to say a word of approval or encouragement. Of all such, we must ask a little faith in the statements we may make, though these will be sustained by such evidence, from the parents of the pupils, as can be obtained.

There are persons, however, (and there must be many such in the Legislature,) who know from actual observation, what is the condition of idiots in our country towns, especially in the almshouses, and such persons are earnestly invited to come and examine our school, and see if it does not give proofs enough of the capacity of idiots for instruction and improvement.

Most of these youth were, three years ago, in an utterly helpless

and hopeless condition of idiocy. Some of them sat or lay in driveling impotency, unable to do anything but swallow the food that was given them. They were void of speech and understanding. They were filthy in their persons and habits, and given to debasing practices. They were unable to dress themselves, or sit at table and feed themselves. They passed their time in idleness, without a thought or an effort to better their deplorable condition. Some of them were noisy and destructive in their habits.

A great change has now come over them. They have improved in health, strength, and activity of body. They are cleanly and decent in their habits. They dress themselves, and, for the most part, sit at table and feed themselves. They are gentle, docile, and obedient. They can be governed without a blow or unkind word. *They begin to use speech*, and take great delight in using the words of simple sentences, which they have mastered. They have learned their letters, and some of them, WHO WERE AS SPEECHLESS AS BRUTES, CAN READ EASY SENTENCES AND SHORT STORIES !

They are gentle and affectionate with each other; and the school and the household are orderly, quiet, and well regulated in all respects.

The former condition of these youth furnishes a fair specimen of what is the actual condition of hundreds in our Commonwealth, and thousands in our country; and their present condition furnishes a fair specimen of what may become the condition of all, if the State will take them under her fostering care.

With these preliminary remarks, I proceed to give the general history of the experiment during the last year, and a detailed notice of some cases, which will serve to illustrate the subject, and the mode of instruction.

The whole number of children received, under the provisions of the State appropriation, is 17. Of these, seven have been discharged, for the following reasons:—

One was found after a few weeks' trial, to be an improper subject for the experiment, because it appeared clear that he had too much capacity and intelligence, though he had been considered idiotic and sent to us as such.

Three others were found to be rather deranged than idiotic.

One proved to be hydrocephalic, and was discharged on that account.

One was so feeble and unhealthy, and required such constant nursing, as to be unfit for an experimental school.

One was so much improved by a year and a half training and instruction, that he was able to go to a common primary school, and was discharged accordingly.

All the seven had, with one exception, greatly improved in their condition and habits. Even the insane had become quiet and docile. They were more comfortable, and in a better condition in all respects, than they were before they entered the school, or than they have been since. They were not, however, fair representatives of the class whose capacity for improvement was to be tested by the experiment, any more than the one who proved to be too intelligent, and they were therefore discharged. The present number is ten; seven boys and three girls. They were taken from indigent families, or from almshouses, in different parts of Massachusetts, agreeably to the conditions of the act of the Legislature.

The general course of training and instruction, which was described in the last report, has been followed during the past year, and with the same marked success. A plain but plentiful diet; abundance of sleep; cold bathing, followed by friction; walking and running in the open air; gymnastic exercises, for giving muscular activity and strength; amusements of various kinds:—such are the means relied upon for promoting and maintaining the bodily health of the pupils. An improvement of the physical condition and a nearer approach to a normal state of health, naturally begets greater freedom and precision in the action of the mental powers; just as repairing and cleansing the works of a watch causes greater precision in the motion of the hands.

Special care and attention has been given, however, to bring out and to train the feeble mental faculties of the pupils, by simple exercises, adapted to the purpose. These were described in the last report, and the description need not be repeated now.

It is not necessary, either, to go into a detailed account of each pupil. Two cases, however, will be described, because they are types of a class, and because the success obtained with them is great and striking.

The first will be the type of the class of **IDIOTS PROPER**.

In former reports I divided idiotic persons, for the sake of convenient and popular classification, and with a view to showing the degree of their mental infirmity, into three classes—Idiots, Fools and Simpletons; the first being the lowest, the last the highest, in the intellectual scale. The class of idiots comprehends many whose mental infirmity arises from various causes, but I consider the pure type of idiocy to be a person whose lack of understanding arises from the smallness of his brain. The organ is so small that it cannot perform its functions in a normal manner; it has not power enough. This class is very small. For one person in whom idiocy is caused by smallness of the brain, there are many in whom it is occasioned by other causes; many whose brains are of normal size, but not of normal condition.

George Rowell is a congenital idiot. He entered our school in December, 1848, being then seven years and six months old. His head was very small, especially in the upper regions. The greatest circumference, over the occipital spine and the frontal sinuses, was only 14 inches, 91 hundredths. The greatest length, measuring from ear to ear, over the top of the head, was only 10.44 inches. From the root of the nose to the occipital spine, over the head 10.13 inches. He was small of stature, being only three feet nine inches in height, and he weighed only 32 pounds. His temperament was decidedly nervous, his organization fine, his complexion fair, his hair fine and light, his eyes dark and bright, his lips and nostrils thin, his chest and abdomen narrow, his extremities slender and bony, his fingers delicate and well proportioned.

His health was feeble, and he was subject to epileptic fits, which recurred frequently. His father, in writing about him, says, "he was sickly, sometimes having two fits in a night."

The senses of hearing and taste were not particularly dull, though those of smell and taste were. He was very active in his motions; his countenance was lively; and, in his gait and some of his habits, he reminded one of a monkey. In point of intelligence, he was very low. Speech, that peculiar human attribute, and the surest test, in such cases, of the degree of intellect, was wanting; he could only pronounce three words, and those only indistinctly. He was, to all intents and purposes, as dumb as a brute. He could be made to understand simple directions, by signs and sounds, but hardly more than

a dog ; and his memory was so feeble that he forgot them at once. He had no sense of decency or of duty, and no regard for the rights or feelings of others.

There was, however, much vitality and energy about him, which, being expended through his animal nature, kept him active, restless, and mischievous. He was passionate and destructive, and given to picking things to pieces, and destroying them. His appetite was voracious, and he would cram anything he could lay his hands upon into his mouth, without the use of fork or spoon. His acquisitiveness showed itself in his disposition to possess himself of whatever he could ; pushing others away to obtain it, and hoarding it up for himself. He had no sense of decency, and his habits were those of an infant.

Such was this boy two years and a half ago ; nor was there any reasonable hope of his improvement. In the language of his father, "there seemed no hope of his learning to speak, or read, or take care of himself."

But now a great and happy change has come over him. He is decent in all his habits, and cleanliness has not only become a custom, but a want. He is neat in his dress ; he sits at table, and conducts himself properly, using a knife and fork, and eating as other children do. He makes his bed, sweeps the floor, assists in scouring knives, and does various little *chores* about the house, with great good humor and sufficient skill. But the most gratifying result is, that he **BEGINS TO SPEAK!** About this beginning there are some interesting phenomena. His case shows, very strikingly, the great importance of the early and ceaseless prattle of little children. They are training themselves for speech, by subtle exercise of the nice little muscles of the lips, the tongue, and the throat ; and the words which they catch are repeated over, a million of times, until they acquire such pliancy, such swiftness, and such dexterity, as would appear to us marvellous, had we not acquired the same, without knowing how long we were about it, or what it cost us.

After this long and varied training, which is all in the way of sport, children have the organ of speech fully prepared to pronounce a language as fast as it can be supplied to them. They imitate, perfectly and readily, the pronunciation of any words of the language, or of any foreign language, provided it do not contain sounds which their

own has not. If it does, they hesitate, because they had never drilled their organs to emit this particular sound.

Whenever a person is prevented, by any cause whatever, from learning to speak in early childhood, and attempts to do so later in life, he has great difficulty in articulating words ; he cannot learn to speak so fast as he can learn to understand language, because his organs have not been trained. If he is an adult, and his articulating organs have had their growth, and become hardened, he can never break them in so as to modulate new sounds—he can never pronounce the shibboleth of other tongues.

There are many well educated deaf mutes who can read and write their own and even foreign languages, with great ease and correctness ; but if one of them should be suddenly made to hear, he could not speak ; but he would have to go through a very long and tedious training of his vocal organs, before he could articulate so as to be understood. So it is with those idiots who have not mind enough—who have not the human attributes strong enough—to impel them, as other children are impelled, to exercise the vocal organs, and who have had no special aid given them to do so. When this aid comes at last, as it does in the case of the boy now under consideration, then the difficulty manifests itself ; he cannot use language nearly as fast as he learns to understand it. George, however, does not now need any urging to talk ; the *innate disposition* to do so was always there, as it is in every human being ; and now that the *faculty* has been awakened, with the awakening comes the desire of exercising it ; his tongue has been loosed, and every hour, almost every minute, he keeps it in motion. He still finds great difficulty in articulating any new word, but this will be overcome rapidly.

He has learned to read simple sentences, and does read understandingly, and with great pleasure and pride, such books as Bumstead's Primer. That he understands what he reads, and that it awakens in his mind the same feelings and affections as it does in other children, the following anecdote, related by Mr. Richards, will show :—

“ One day, in reading about a little girl who fell into the water, George looked up, with a countenance full of anxiety, and exclaimed, inquiringly, ‘ *girl—fell—water?* ’ Yes, said I ; and he seemed very sad, till I told him to read on ; when he came to the sentence, ‘ the

large black dog jumped into the water and pulled her out.' He seemed to fear that it was not so, and said, inquiringly, '*pulled—her—out?*' Yes, said I. Then repeating his question, as if it were hardly possible, he said, '*pulled—her—out?*' Yes, I told him, pulled her out of the water! He immediately dropped his book, and, turning round, threw his arms round the neck of a little boy who sat near, and hugged and kissed him, crying and laughing alternately for joy."

The family and friends of this boy, who knew his former and present condition, readily bear their testimony to the change and improvement which has taken place in him.

His father writes thus :—

AMESBURY, Jan. 15, 1851.

DR. S. G. HOWE :

Dear Sir,—In answer to your inquiry, I would say that my son George, when he left to go to your Institution, was in a very helpless condition. He could not articulate words, and was sickly, sometimes having two fits in a night. We had to take care of him and attend upon him as upon an infant. There seemed no hope of his learning to speak, or read, or take care of himself.

In this condition he went to Boston. On his first visit home, we saw a decided improvement. On the second, we were both surprised and rejoiced; his health was good, and he could speak and read. We now thankfully trust that he will be able to take care of himself in life, with comfort to himself and friends.

Yours, respectfully,

JACOB ROWELL, Jr.

The following extract from an article on idiocy, in the last number of the "Christian Examiner," will be considered important evidence, as the writer, Mr. G. B. Emerson, than whom no one is a more competent judge in matters pertaining to education, speaks from his own knowledge and observation of the lad :—

"George Rowell, who knew nothing, could do nothing, observed not the first rules of decency, and was utterly helpless, and who, doubtless, under the usual system of neglect, would have remained so, or, as is universally the case with neglected idiots, would have become, if possible, worse, takes the visitor's hand, talks, articulating distinctly, and goes to the letter frame on the table, and not

only selects and arranges the letters to spell any common short word, but without aid, selects and arranges the letters, and forms the sentence, *Our Father, who art in Heaven, hallowed be thy name*:—divine words, which are now familiar to the eye, and which, if he continues to make the same progress, will soon, we may hope, reach the soul of the poor rescued child. This boy was lately allowed to make a short visit to his parents; and when, at the expiration of the time, his teacher went to bring him home, the father began to thank him, and to tell him how much he was pleased with his progress. ‘*George, now,*’ he said, ‘*plays with the other boys; he plays like the other boys.*’ He would have gone on, but he could only put his handkerchief to his eyes—he could say no more.”

The complete success which has been obtained, by two years’ training and instruction of this lad, is very gratifying and very important, because it establishes, beyond all question, the fact that even idiots of the lowest mind may be improved. ‘The most sceptical person, who sees George, must pronounce him to be a born idiot; and, if he pays a moment’s attention, must confess that he manifests intelligence and capacity such as no uninstructed idiot, no idiot left to the ordinary course of life, ever could attain.

It is true that the class of pure idiots, to which George belongs, is small; it is true, also, that his organization is a remarkable one; the high nervous temperament, the fineness of which is so apparent in him, gives him great advantage. His dwarfed brain is so active, that it enables him to do what, with an ordinary one of the same size, he could not do. It is like a machine, which makes up in speed what it wants in power. Nevertheless, there he stands, redeemed from his degradation, claiming kindred for himself and his class with humanity; and if others can be elevated as much in five years as he has been in two and a half, they surely ought to be.

The second case is one selected from that larger class of persons, who are born with fair capacities, and who, under proper treatment, would manifest a fair share of intellect, but who have been badly managed, and become idiotic, or have been misunderstood, and considered idiotic. Indeed, the boy Clapp, already mentioned as having been so much improved as to be discharged and sent to a common primary school, was of this class; and so was the boy Clough, who was sent here as an idiot, but discharged as having too much intel-

lect. These, however, were very favorable cases, and not fair specimens. The one I shall select, was a very bad case, and presented to common observers no hope of improvement.

Sylvanus J. Walker, of Worcester, mentioned in a former report, was about six years old when he entered, October 17, 1848.

He was a pitiful sight to behold. He could not stand or even sit erect. He had no command of his limbs, not even so much as an infant of three months, for it can work its arms, and kick its legs vigorously; this poor boy, however, could do neither, but laid almost like a jelly fish, as though his body were a mass of flesh without any bones in it. He could not even chew solid food, but had to be fed on milk, of which he consumed an inordinate quantity. The utmost he could do, in the way of motion, was to get his head propped up on one hand, and move the other feebly about.

He measured 40 inches in length; his weight was 31 pounds; his head of average size; his temperament lymphatic. He seemed to hear, but his eyes were dull and without "speculation;" his other senses were quite inactive. He drivelled at the mouth, and his habits were in all respects like those of an infant. He was speechless, neither using nor understanding language, though he made several sounds, which seemed to be a feeble imitation of words.

Such was the unhappy and helpless condition of this poor boy; and out of it there seemed no prospect of his emerging. His case seemed to be one of congenital idiocy; but there are strong reasons for thinking that he had been injured by bad treatment. One instance of this was the fact that, soon after his birth, the nurse rubbed into his head a considerable quantity of rum, holding his head close to a stove, and rubbing it briskly to promote the absorption. It is well known that liquids can be absorbed into the system through the skin, and the effect of rum upon the brain of a new-born infant must have been bad.

The change and improvement that has taken place in this boy, is most remarkable and most gratifying. In the report of last year, he was thus noticed:—

"He has been bathed daily in cold water; his limbs have been rubbed; he has been dragged about in the open air, in a little wagon, by the other boys; his muscles have been exercised; he has been made to grasp with his hands, and gradually to raise himself up by

them. He was held up, and made to bear a little of his weight upon his lower limbs ; then a little more ; until, at last, to his great delight, he was able to go about alone, by holding on the wall, or to one's finger ; even to go up stairs, by clinging to the balusters. He can go around a large table, by merely resting one hand upon the edge of it. The like improvement has taken place in his habits. He is observant of decency ; he calls, when he wants any assistance ; he can sit at the table, and chew his food, and even feed himself pretty well.

“His cheeks begin to glow with color ; his eye is much brighter ; he gives attention to what is passing around him, and his whole countenance is more expressive of thought. His improvement of language is equally great ; he has learned many words, and can construct many simple sentences. His affections begin to be developed, and he manifests his attachment to persons by unmistakable signs. Such is the effect of a year's training ; and it is but the beginning, for this boy will doubtless go on improving, and advancing more rapidly for every step heretofore gained. He was put down on the list as an idiot of the lowest kind, for he was quite in an idiotic condition, nor was there any means of knowing his latent capacities. It will not be surprising, however, if he should be raised not only to the highest grade of idiots, or simpletons, but even lifted quite over that class. His case may prove to be one of those mentioned under the head of Classification, which are neglected, because, by mistake, they are included in a class generally deemed beyond the reach of the teacher's art.”

During the last year, he has gone on improving. He is now decent in all his habits, and tidy in his appearance ; his countenance is bright and pleasing ; he can sit at table, and feed himself with knife and fork ; and though he does not venture to go alone, his limbs not being quite strong enough, he can almost do it, and he walks about by holding to one's finger.

All his senses have improved greatly ; and he is so changed, generally, that he could hardly be recognized as the same being who, two years ago, incapable of sitting at a desk, used to lie upon a mattress in the school-room. The same writer in the *Christian Examiner*, already quoted, says of this case :

“The boy, Sylvanus Walker, who, two years ago, had not learnt even to use any of his limbs, now sits, stands up, shakes hands, is

pleased, and smiles, asks you how you do, and reads readily any part of a little book which was put into his hands less than three months ago, points out any word you ask for on the page, and does all this with so much pleasure, that when you are about to turn away from him, he asks to be allowed to read more, and eagerly reads to you his favorite passages."

This boy is not now an idiot; nevertheless, he was in a state of idiocy, and, to all appearance, of hopeless idiocy, when we received him. He was considered one of the most unfavorable subjects that could be found, and taken because it was desired to have some of the worst as well as some of the best cases. He has agreeably disappointed us, and outstripped others, who were considered as more promising than he was.

May there not be scores of such cases among the hundreds of idiots in our Commonwealth, who are now left in their brutishness, because they seem incapable of receiving instruction?

Such are two of the most striking cases. Others might be mentioned, where the results have been most gratifying.

I consider this experiment, therefore, to have been entirely successful. It has demonstrated beyond question that, among those unfortunate human beings who are left to grovel in brutal idiocy, there are many who can be redeemed and elevated, and made to be comparatively intelligent, and happy, and useful. Here stand the rescued ones, living proofs of the power of education. Let even the most sceptical examine them closely; their doubts will be removed. Let those who have disapproved the project as a vain and hopeless one, and those, also, who have ridiculed it as a presumptuous one, (for there have been both, and in high places too,) let them come, and see whether they have not unwittingly been encouraging an abandonment of their fellow-beings, who might have been saved from a condition at which humanity shudders.

The period for which an appropriation was made has not yet expired, but it will have expired before the Legislature assembles again; and, unless some measures are taken now to continue the enterprise, it must be abandoned for want of means. I would, therefore, earnestly ask, that a rigid examination of our school may be made, and when satisfactory evidence is obtained that the condition of idiots can be materially improved,—that they can be lifted out of

the brutishness in which they grovel,—that they can be made decent, and industrious, and happy,—then that measures be taken at once to secure so desirable an end, and consummate such a truly Christian work. Let an institution be permanently established, for teaching and training as many idiots as are capable of being improved. It is hard, indeed, to see upon what ground this can be refused. The State recognizes the right of all to an education; she provides it for ordinary children in the common schools; she provides it for the deaf mutes, and for the blind, in institutions got up expressly for their use; and shall the idiots be excluded from a participation in the boon which they, more than all others need, because they are the most unfortunate and the most helpless? Surely not; but, on the contrary, their claim should be considered all the stronger, because they have not the wit to urge, nor the power to enforce it. Their fate is entirely in our hands, and it is for us to say whether those among them who have latent capacities shall go down to the grave like the beasts that perish, or shall first learn to know and to love their “Father who is in heaven.”

A NEW FORM OF INSANITY.—In Berlin, a curious subject for a thesis has been found by a student in Medicine, the son of M. Groddeck, the deputy, seeking his degree. M. Groddeck has discovered a new form of epidemic, whose virus has of late circulated throughout the Continental Nations with a rapidity contrasting strongly with the solemn and stately march of cholera. Its developement, indeed, has been all but simultaneous in the great European Capitals, but we know not that it has before occurred to any one to treat it medically. M. Groddeck's thesis, publicly maintained, is entitled “*De morbo democratico, nova insanix forma.*” (On the democratic disease, a new form of insanity.)—The Faculty of Medicine, with the usual dislike of Faculties of Medicine to new discoveries, refused admission, it appears, to this dissertation, but the Senate of the University, on M. Groddeck's appeal, reversed their decision.--*Athenæum*.

CHLOROFORM FOR THE EXTRACTION OF TEETH—DEATH.—The following case is related by Dr. Eissen, in the *Gaz. Med. de Strasbourg*, and affords another instance of fatal effects from the use of chloroform.

“A lady, 36 years of age, of a bilio-sanguineous temperament, who

had had three children, and whose health had always been satisfactory, was very much troubled with toothache. She had had four molar teeth extracted in the same sitting six or eight years previously; after which operation she had been seized with a convulsive fit. A little while ago the toothache became very distressing again, the patient had several nervous attacks, and was tormented with the idea that her dental pains exposed her to much danger. She sought the advice of a practitioner, and consented to a new extraction, stipulating, however, that she should take chloroform. Her husband held her hand, whilst her head was leaning against her maid; but before she had inhaled any chloroform, she started up and attempted to run away, using very incoherent language. When a little calmer, she sat down again, and a cloth, upon which a little less than two drachms of chloroform had been poured, was placed before her mouth and nose. The patient soon pointed out, by a few words, that the chloroform was beginning to take effect, and then became insensible. The operator extracted three teeth with the greatest promptitude, and only stopped when the husband directed his attention to the patient, who seemed to have fallen into an extraordinary state. On close examination, she was discovered to be quite dead, and the best directed efforts were fruitless in reviving her."—*Boston Med. & Surg. Journal*.

DEATH OF SYLVESTER GRAHAM.—Most of our readers in this part of the country are familiar with the name of this individual, who some years since made himself notorious in urging upon the community the system of light and exclusively vegetable diet to which his name was given. He has lately died at Northampton, in this State, at the age of about 50. The Gazette, of that place, states that his health had been gradually failing for the last year, and he had suffered much from rheumatism in his hands and feet. "A post-mortem examination disclosed no disease in the system, which, in the opinion of the medical examiners, was sufficient to produce his death; and the immediate cause of his decease is thought to be the use, contrary to the advice of his physician and friends, in the extreme exhaustion of the system, of Congress water and a tepid bath." *Boston M. & S. Journal*.

AMERICAN MEDICAL ASSOCIATION. PRIZE ESSAYS.—At a meeting of the American Association, held in Charleston, S. C., in May last,

the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and award a prize to any number of them not exceeding five, if they should be regarded as entitled to such a distinction.

To carry into effect the intentions of the association, notice is hereby given that all such communications must be sent, post-paid, on or before the first day of April, 1852, to Geo. Haywood, M. D., Boston, Mass. Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. The authors of the unsuccessful papers may receive them on application to the committee, at any time after the first of June, 1852; and the successful ones, it is understood, will be printed in the Transactions of the Association.

GEORGE HAYWOOD, *Boston.*

J. B. S. JACKSON, “

D. H. STORER, “

JACOB BIGELOW, “

USHER PARSONS, *Providence, R. I.*

BOSTON, AUG. 25, 1851.

THE WESTERN LANCET.—The October number of this valuable and ably conducted Journal contains a leading editorial article, headed “The Ohio Medical and Surgical Journal,” and devoted mainly to the consideration of a communication in our September number, written by Dr. S. Hanbury Smith, Superintendent of the Ohio Lunatic Asylum. In the discharge of high and important duties, it is pleasant and gratifying to have our services and labors spoken of in terms of commendation by such men as the editors of our esteemed cotemporary, The Western Lancet. By the strictest integrity, and humble yet untiring efforts in the cause of science and suffering humanity, we hope, in some measure, to deserve the confidence reposed in us by our editorial fraternity and the profession.

Of the article written by Dr. Smith, “on the Medical Theories of the last century,” and the criticism upon it, we have little to say. We are not aware that a defense or a disclaimer of that article is due from us. If the editor of a public journal must needs vouch for the truth of the facts advanced by an able and well-known correspondent, writing under his own name, or the soundness of his doctrines and

arguments, we have been hitherto ignorant of editorial duties and responsibilities. It is true that the power to examine, and publish or reject the manuscripts of his collaborators, is comprehended under the editorial prerogative, and it is doubtless his duty to exclude papers, in his estimation worthless, or in any respect objectionable, particularly if written by persons who have not, by their talents and labors, secured the confidence of their brethren. But when any regular member of our profession, by industry and perseverance, has won his way up to the sunny regions of renown, and has secured the esteem and confidence of the community, we believe he has a right to speak, and has a right also to be heard. Of the soundness of his doctrines or the defensibility of his propositions, his profession and the world, and not the editor, are to judge; and by their decisions, he must stand or fall, upon his own merits. Dr. Smith has written a communication, and by its publication, it has become the property of the world. In this communication he has been accused by the Western Lancet of uttering sentiments in support of that transparent and miserable *humbug*, *Homœopathy*. What the legitimate inferences from this language may be, we will not pretend to decide; but, however assailable or vulnerable, we have never suspected, and do not now suspect the Doctor of being a Homœopathist, or of cherishing the preposterous notions of Hahnemann. We do not, however, pretend to be the exponent of his views, but would refer those who are in doubt to himself. He is abundantly competent to make his own explanations and defense.

College of Dental Surgery at Syracuse.—We have just received the first annual announcement of the New York College of Dental Surgery, located at Syracuse. The Faculty of this College consists of five professors. Among them we observe the name of Dr. A. B. Shipman, formerly Professor of Surgery in the Indiana Medical College, and that of Dr. Thos. Spencer, who has been connected with the Medical Colleges at Geneva, N. Y., and Chicago, Ill. The fee for the entire course is 95 dollars. The organization in this Institution is thorough and complete; and, from the examination we have given the announcement, we believe they have *started right*, and must share largely in the patronage of the public. May the success of the enterprise be commensurate with the hopes of its friends. We hope to be able to give our Western profession, ere long, something more definite in regard to its plans and course of instruction.

THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. IV. Columbus, January 1, 1852. No. 3.

PART FIRST.
ORIGINAL COMMUNICATIONS.

ART. I.—LOGIC, IN ITS RELATIONS TO MEDICAL SCIENCE: *An Address delivered before the Starling Medical College, at its third Annual Commencement.* By EDWARD THOMPSON, M.D., D.D., President of the Ohio Wesleyan University.

I should have promptly declined the invitation of your Faculty to deliver an address, at this commencement, but for the fact that I declined a similar invitation, from the same source, on last year. I should have done so, however, not from any unwillingness to gratify your excellent corps of instructors or to contribute my mite towards your annual collegiate festivities, but because my duties and my state of health deny me both the time and the elasticity necessary to prepare for so novel and choice an occasion. I make this statement, that you may neither ascribe the crudeness of my production to a want of respect for my hearers, nor my appearance before you to an insensibility to my own deficiencies, but that you may be induced to give me an indulgent hearing, by considering that, in asking your attention, I oppress myself, to avoid the imputation of disobliging your professors.

I experienced no little embarrassment in the selection of a theme, and it was not until after much reflection, that I made up my mind to commend to your special attention the science of Logic. If the subject be deemed inappropriate, lay not the blame on your faculty, who did not select, or even suggest it. If it be deemed unwelcome, I trust you will pardon the speaker, when you learn, that he, having once belonged to your profession, and felt the want of the science to which he would attract your attention, would fain have you avoid some of the difficulties which he encountered.

My proposition will be sustained, by glancing at the nature of the science alluded to, and by showing, that medical men are not likely to acquire it, in their ordinary professional walks. We would not derogate from the merits of the profession; rather would we exalt it, and animate to its more assiduous cultivation.

Logic is *the* science and art of reasoning. I emphasize the article, because some regard logic as concerned with a *species*, of which reasoning is the *genus*; whereas, it is the *only* science and art of reasoning: he who reasons correctly, must reason *logically*. It is of no consequence to object, that many, who are versed in logic, reason poorly; for logic can neither supply premises, nor the intellectual power necessary to their skillful employment. It is equally vain to object, that many who know nothing of dialectics, nevertheless reason ably; for extraordinary mental power, together with competent information on any particular subject, will enable any one to reason well, on that subject. This does not prove logic to be of no consequence. An orator speaks, and nations are entranced: the critic analyzes the oration, and deduces from it the laws according to which it is composed—thus we have the science of rhetoric. A nation constructs a language: the grammarian ascertains its principles—thus we have the science of grammar. A dialectician reasons; his argument convinces all who understand it; the logician examines it, and finds the principle upon which it is built; he examines another and another, of similar power, until, after a sufficient induction, he concludes, that all rest upon the same principle; he develops, illustrates, and applies this principle, and thus gives us the science and art of reasoning.

Though practice may go before science, science may correct and improve practice. The rules of logic correspond to those of grammar and criticism, and they subserve these two important ends: they go far towards placing men of moderate abilities, upon a level, in respect of reasoning, with those of genius; and they enable all, who understand them, to ascertain when they have framed an argument that will stand the test “of scrutiny, of talents, and of time.”

The remarks which follow have special reference to medical practitioners in the West. That we should be wanting in dialectics is not surprising: a large majority of us entered upon the study of our profession without having enjoyed the benefits of collegiate training—many, indeed, without even an academical education. We do not advert to this in a censorious spirit. The circumstances of our country have been such as to preclude all but a few of her youth from classical halls. Of these few, many have been allured by the temptations of a more lucrative profession, and others have been drawn to the duties of a more sacred one, leaving but a small residue for the healing art.

The youth who has never been trained to accurate reasoning, will not be likely to acquire it in *medical studies*; they are *historical*, rather than *scientific*. So far as they are historical, they are *natural*,

descriptive of being and phenomena only : so far as they are *scientific*, they are *practical*, rather than *speculative* ; and so far as speculative, *natural*, not *mathematical* or *moral*. First, the student is conducted to the *skeleton*, whose dry bones never awaken his powers of reasoning, however much they may challenge his observation and exercise his memory. From the skeleton he goes to the *cadaver*, which, while it calls for discrimination and trains his hand to a dextrous use of the knife, only now and then, when it presents an incidental question concerning the merits of a certain discoverer, or advances to the related science of physiology, calls for a connected chain of thought—judgment. Next, he is led to the *laboratory*, where he is introduced, in regular order, to a set of elements and compounds, which are cognizable to sense, and to a series of beautiful truths illustrated by experiment, affording no room for doubt, and rarely inviting him to metaphysical research.

I am aware that *discoverers* in Chemistry, as in most other sciences, are metaphysicians, but *they* study analytically, while learners are taught synthetically ; so that the student of chemistry who can best memorize, can best endure examination. Similar observations may be made with reference to *Materia Medica*, Botany, Zoology, and Mineralogy. When the student has mastered these sciences, he is generally hurried into private or hospital practice, to learn by observation the arts of Chirurgery and Therapeutics. If he prescribe in a few cases successfully, and acquire the use of the instruments employed in the more common operations of the surgeon, he enters with a good degree of confidence upon the responsibilities of practice. He adopts the routine of his instructors ; he is as fortunate as his competitors ; in *ordinary* cases he manages without embarrassment, and in *extraordinary* ones, he keeps within the rules of the books : upon the whole, he satisfies himself that he is leading a useful life. But what is he but an empiric ? (I use the term in the *proper* sense ;) he proceeds on rules and methods founded on practice and experience, not on any knowledge of natural causes. If he have either the low desire of advancing his own interests, or the high ambition of promoting those of mankind, he may ascend through physiology, etiology, and pathology, to the study of theoretical medicine, but here he will find the need of habits of reasoning ; and if he have not previously formed them, or be not possessed of superior genius and indomitable perseverance, he will grow weary of his task and sink down to the low walks of the mere practitioner. There is nothing in the *collateral studies* of the profession to counteract this tendency. What are placed in this category belong to the natural sciences, such as geology, climatology, and medical topography.

Formerly, one, at least, of the ancient languages was deemed, if not a prerequisite to medical studies, a related acquirement; for medicine once had a general medium—the Latin. Now, in our country, at least, a knowledge of no other tongue than our vernacular is deemed needful for the medical student; indeed, the study of the beautiful *media* through which flowed the treasures of ancient Grecian and Roman mind, is generally depreciated. It is not my purpose to show how much we have lost by the decline of linguistic studies, else I might point out the benefits derived to the medical student from an acquaintance with the tongue in which the technical terms of his art are cast, in which its illustrious authors of former ages wrote, and which alone opens to him the mines of knowledge deposited in the works of Boerhaave, Borelli, and similar ones, of ages antecedent to theirs. We might, also, show the importance of a permanent, general, transparent medium for the profession, by which the discoveries of one nation might soon be made the property of all. I simply point to the fact, that the study of language would, by training the mind to abstraction and enticing it to practice the delicate arts of a refined logic, resist the tendency to empiricism, if it did not allure to abstruse investigation.

He who is adventurous enough to cultivate medical science without logical habits, will find but little in *medical authors* to supply this deficiency. They are generally didactic rather than controversial, and when they present us with argumentation it rarely approaches the syllogistic form. As I am not prepared to compare the writers of different professions, I must speak interrogatively. Has Medicine any works which for argumentative ability can be compared with those of Blackstone, Kent, Story? or of Chillingworth, Warburton and Paley? The chief work of Paley, for example, will bear the strictest logical examination, each argument may be traced from the ultimate conclusion to the first premiss without evincing a fault; it may be represented by symbols, so that its conclusiveness shall appear without considering the meaning of the terms. The Divine Legation of Warburton opens with a series of arguments nearly syllogistic, and it is throughout replete with rigid reasoning. The principal work of Chillingworth is read by many arguists merely with a view to strengthen the reasoning faculty. Both Law and Divinity have works in course which train the mind to reason, and to which Medicine has nothing corresponding; such as books on the subject of "Evidence." How is it with *Medical Teachers*? (I know there are noble exceptions.) Is it not the tendency of the College to treat Medicine entirely as an experimental art? Again

and again we hear, *ex cathedra*, the exclamation, "Away with *principles*, give us *facts*; away with *causes*, give us *effects*; away with *theory*, let us have *practice*." We need not say how much such exclamations degrade the science, how they sanction the popular fashion of estimating the physician by the number of his facts, and thrusting aside the scientific youth for the ignorant matron. I need not point out the fallacy which lurks beneath them, for you may readily perceive that a principle may embody a thousand facts, an antecedent may be worth more than a consequent, and practice, however *bad*, implies *some* theory. My purpose is to inquire whether it does not encourage idleness, and check the best tendencies and the highest aspirations of the pupil. The physician should *value* facts, should *collect* them, but he should also compare, abstract, generalize; nor should he lightly esteem the theory of a distinguished author merely because he has not himself witnessed the facts on which it rests—he might as well doubt that the earth revolves, because he has not scientifically demonstrated that truth. Nor should we fail to observe, that a man who confines himself to the beaten track may have a far more limited experience than the theorist who takes wide surveys, and marks cases in every variety of modification. Kindred to the disregard of theory is the contempt of hypothesis, for theory and hypothesis are not synonymous. Theory signifies a connected arrangement of facts according to their bearing on a law: hypothesis, an assumption, which is conceived to support a law: thus the connected facts which point to the law of gravitation is a theory; the supposition of a subtle fluid, which is presumed to explain these facts, is an hypothesis. An hypothesis, so far from being despised, should be valued according as it explains more or fewer of the circumstances of the phenomenon to which it is applied. If it explain all of them, it is highly probable, and may, after a time, acquire certainty; as for example, the hypothesis of Kepler, that the planets moved in elliptic orbits, which, though received with hesitancy at first, has so explained successive astronomical discoveries and computations as to take rank with established laws. Even when an hypothesis is not thus fortunate, it may, by suggesting experiments, intimating inventions, and animating to further researches, vastly increase our stock of knowledge and multiply the arts of a profession. What though an hypothesis be imaginary, is it *therefore* to be despised? Imagination is the handmaid of science; the most illustrious philosophers have honored her, and been allured onward in the path of discovery by her rainbows: if you doubt it, go learn of Archimedes, or listen to the eloquence of Bacon, or sit at the feet of Rush. Indeed,

imagination is the great conceiver and bold discoverer of new worlds, the Columbus of the human faculties; every *instantia crucis* is a call for her aid. Mark the beautiful series of experiments which led Sir Humphrey Davy to the invention of the Safety Lamp, and you see her going before. He first ascertains in what proportions the mixture of fire damp and atmospheric air is explosive: he next determines at what temperature the mixture detonates. It had long been known that if the explosive compound were passed through a tube, and set on fire, the flame would not pass back through the tube to cause explosion. The last point to be ascertained was, how short might be the tube consistent with safety: to determine this, he cuts off successively very narrow sections until he reduces it to a mere metallic ring, and he finds this sufficient to prevent explosion: finally, he ascertains that the flame of the mixture will not pass through wire gauze. He is now ready to construct the Safety Lamp.

I know that innumerable errors, and almost inextricable confusion, have resulted from a misapplication of the speculative understanding, but shall we, therefore, repress it? he who does so checks powers as original, as lawful, as useful as the senses themselves,—powers which it is as blasphemous to neglect, as it is wicked to abuse: powers on which social and scientific progress depend, and which, more than any other, ally man to the higher orders of being.

The *physician will find still less in the practice*, than in the *study* of medicine, to stimulate the reasoning power. Observation, diagnosis, prescription and prognosis, constitute the circle of his duties,—a circle through which he may pass by *rule*, as well as *reason*. When he meets his fellows in counsel, is he not accustomed to oppose *dictum* to *dictum*, *experience* to *experience*, rather than *argument* to *argument*? At the bed side and in the office, he is an autocrat. Should any one call in question his prescription, he has a right to say, “How dare you dispute my authority?” I do not say this is wrong, but unfortunate. The lawyer is compelled to be an arguist; whether acting as attorney, counsellor, or solicitor, he is called on to define words, compare laws, weigh evidence, analyze motives; in all things, he must abide the scrutiny of his peers: in the strong conflicts of the bar, where mind grapples with mind, where argument meets argument, thought leaps to thought, and witticism flashes to witticism; where all the resources of subtlety and acuteness, all the cavils of the critical and captious spirit, and all the energies of vigorous and enterprising intellect, have free scope, he must either prove himself a logician, or resign his place to one who can.

So it is with the minister: he must define, he must argue; persuasion is his business; this depends upon conviction, and conviction upon argument. In the church, he moves through armed ranks of errorists and heretics; in the world, he meets on all sides the desperate hosts of a depraved philosophy: in his most peaceful modes and attitudes, he must give a *reason* of the hope that is in him, and train up disciples fully *persuaded* in their own minds: even at the bed side of the sick, and the pillow of the dying, he must satisfy the cravings of human *reason*, as well as of human *affections*.

Do not understand me to say that physicians *may* not possess all the dialectical skill and mental energy of other men, but that their profession does not *demand* it of them.

But some one may inquire, "Are not doctors the most contentious of men?" In all civilized lands, the tocsin of a medical war is continually sounding—a war *bloodless* for the most part, though not always *bootless*—a war in which we see

"Hypocrisy with smiling grace,
And impudence with brazen face;
Contention bold with iron lungs,
And slander with her hundred tongues."

This war, however, is not because they have too *much* logic, but too *little*; had they more argumentation, they would have fewer disagreements; did they look each other in the eye, week by week, and state propositions, define terms, test arguments, methinks they would be more fraternal; they might still differ in theory, disagree in opinion, and vary in practice; they might occasionally be provoked by covetousness to contention, and by envy to strife; but their differences would not lead to such altercations, their disagreements to such disputes, their variances to such dissensions, and their contention and strife to such irritation and ill-blood, as to fix upon them the distinction of "*genus irritabile*."

How is it with other professions? Ministers differ—they contend too—they often come to blows apostolic, not in the Hudibrastic, but in the literal sense; they burn each other, not in the old method, with piles of fagots, but piles of propositions; they surround each other with grammars, and lexicons, and polyglots, and after the battle, they shake hands, and find that, though they are *opponents* or *adversaries*, they are not *foes*—often they discover that they are brothers beloved. So with lawyers—they sometimes rush upon each other like tigers, and it would seem as though the Temple of Justice must be deluged with blood, but no sooner is the contest over, than they are harmless and

loving as lambs. As a house without a chimney, so is a body of men without discussion. The pulpit is the flue for the ministry, the bar for the law, but alas, where is the outlet for medical smoke?

I proceed to remark, that there is nothing *in the prevailing philosophy of the times*, to promote dialectics. We still feel the reaction from scholasticism. Of the schoolmen, it is customary to speak in terms of contempt—a feeling which we are apt to transfer from these misguided men to their favorite science. But what though their questions were often frivolous, their premises fanciful, and their aims unreasonable, shall logic be blamed? Nay, so far as they employed this science they were useful. To the vulgar, it may be allowed to sneer at such men as Roscellinus; but to the philosopher, it belongs to trace back the illumination which distinguishes France, Germany and England, in great measure to the adoption of the scholastic method, and to see in the substitution of stern reasoning for a blind acquiescence to authority, the beginning of that reformation which has given to enlightened nations religious freedom. But it is vain to reason with those who will not hear—we must suffer yet a while from the contempt of logic resulting from the misapplication of it by the schoolmen.

When these men had long wasted their energies in labors which, however invigorating to the mind, were necessarily barren of discovery, Lord Bacon arose—Bacon! a name associating peerless power, matchless eloquence and extensive knowledge, with unblushing bribery, base ingratitude, heartless treachery, parasitical flattery, and cold and selfish affections—Bacon! a philosopher, who in works erudite, profound, and radiant with original thought, enumerated the defects and omissions of his predecessors, classified the various branches of science, and pointed out their relation to the human faculties; who mapped out the region of *known* knowledge and pointed the way to the fields of *unknown*; who investigated the causes which vitiated and retarded science, and whose crowning achievement was that he recalled man to the study of nature—taught him to observe, experiment, infer; for this is the basis of the *Novum Organon Scientiarum*. Great as was his merit, he was perhaps overrated. Letters had been revived, printing invented, and the world aroused to freedom of discussion before he arose; still he is the father of modern philosophy, and it is the pride of scientific men to follow his footsteps and halt at his bidding. In doing so, however, they may debar themselves access to fruitful regions of truth, forego legitimate methods of research, and fall into errors which cripple the intellectual powers. The Baconian philosophy is very im-

perfect. Its whole circle of observation is external : it leads the mind out through the senses. The Baconians are like those who build their houses with windows opening only into the street, through which the mind is constantly attracted by the sights and sounds without ; the Scholastics are like those who build abodes with windows opening only into interior courts, whence the light streams through halls paved with marble, crowned with garlands, sprinkled with perfumes and gushing with fountains, where the wearied dweller, shut out from the busy world, is refreshed, delighted and wrapped in contemplation. Each of these classes is in error—let us have windows both ways—there are facts psychological and facts sensible. Berkely describes one extreme when he says, “I have known a fiddler gravely teach that the soul was harmony, a geometrician very confident that it was extended, and a physician, who having pickled half a dozen embryos and dissected as many rats and frogs, grew conceited and affirmed that there was no soul at all, and that it was all a vulgar error.” The same Berkely illustrates in his own philosophy the opposite extreme ; for, looking too intently at the inner, he lost the outer world, and cried in substance—“Mind alone has essence—the forms of matter are but shadows.”

Bacon's philosophy is sensual—it overlooks internal knowledge. Within the soul there is a solid world of principles—a world which eye hath not seen—a world which underlies the reason—it is composed of first truths—truths which it were madness to deny and folly to attempt to prove—such truths as these : matter and mind have uniform and fixed laws ; qualities imply a substance. Without such principles, reason could not move a step. He who doubts the first of the propositions just stated, cannot complete the simplest process of induction. He who doubts the second, can have no knowledge of either mind or matter. Besides these principles, there rises and shines within the soul ideas which experience never could furnish—ideas based upon the succession, relations, and infinite of things—ideas necessary, absolute, eternal. There are also impulses which they awaken. Who feels not within his brain a reed that can measure earth and heaven, mysterious feet that leap in infinity, and fiery wings that, cutting the boundaries of time, soar behind the hour that saw the earth arise, and rush exulting beyond the day that shall see the heavens rolled together as a scroll.

There is a philosophy that devotes almost exclusive attention to principles and notions, independent of experience ; it is the transcendental philosophy.

The Sensualists construct the edifice of human knowledge, as the

Aleutian Islanders do their dwellings, beneath the ground. The Transcendentalists build it upon an isolated peak above the clouds—their eyes are ever upward toward the pure and boundless serene, little heeding the lightning, the thunder and the bursting storm beneath their feet. There is a philosophy which like the city of Algiers, beginning on the plain, rises up the mountain's side to its very summit.

But it is not this imperfection itself of the Baconian philosophy, on which we would fix your attention, but a certain result of this imperfection. It confines our minds to experience: it does not cultivate abstraction—that power whose strength in any individual is usually the measure of his logical ability.

The Baconian philosophy, representing induction as the sole method in all branches of knowledge, banishes *deduction*.

Induction ascends from particulars to universals; deduction descends from universals to particulars. Induction leads up, fact after fact, until a general principle is established; deduction unfolds the assertions wrapt up in a general principle, and shows its various bearings. Induction discovers truth not formerly *possessed*; deduction discloses truth not formerly *perceived*. Induction requires caution and judgment; deduction requires logical skill. Induction is chiefly a process of investigation; deduction is throughout a process of strict reasoning. Induction *infers*; deduction *proves*. If this be a correct representation, you see not only the error of asserting that induction is the only scientific method, but how this error tends to repress and discredit dialectics.

The characteristic tendencies of the age are averse to the cultivation of the deductive intellect. We are eminently a *practical*, not a *speculative* people; so indeed were our ancestors. The Anglo-Saxons seem to have inherited the characteristics of Rome, as the Germans have those of Greece. The former aim to *do* what is to be *done*, as the latter to *think* what is to be *thought*. Our prevailing tendency is manifest, not only in our philosophy but our tastes, our habits, our pursuits. Ours is not the land of glorious epics, of metaphysical researches, of students for life. We are formed for activity—not contemplation. We tear up our forests before they can become classical. Should a poetical lover choose an elm to immortalize its shade, his muse would hardly be invoked before the echo of the woodman's axe would frighten her away. We have our "thoughts that breathe and words that burn;" but our breathing is through the steam-pipe, and our burning is by the furnace. We have our wire-drawn distinctions, but they are drawn over poles to distinguish turnpike roads. We have our *mirabiles amores*,

but they are all resolvable into the *sacra fames auri*. We are utilitarians, and we measure our achievements by the mason's square and weigh our gains in the scale avoirdupois. We do every thing in haste. Even divines and doctors, like boots and bridges, are made in a hurry. Our hurry has led us into an excessive division of labor, which, however favorable to the development of resources, is not so to the development of mind.

The old universities, where the faculties of law, medicine, and divinity sit side by side, as members of the same family, surrounded by their younger sisters, the liberal arts, promoting each other's edification, cherishing each other's affection, advancing each other's interests, and defending each other's honor, do not seem to suit us. We divorce the professions, and surround them with separate fortifications, to dwell in a sort of Chinese exclusiveness, or fire into each other's bastions. Instead of building to science a glorious temple, to be ascended by successive steps, we build a number of one story halls, so that a doctor, or lawyer, or divine, may learn his profession with no more preparation than a carpenter his trade. Not content with separating the professional faculties from the liberal arts, we often sunder the liberal arts themselves, and allow the student to elect his own studies, instead of directing him in that course which will bring out all his powers in fair proportions.

The tendencies to which I have adverted, afford so many arguments, from cause to effect, to show, that physicians are not likely to manifest those mental traits which are not cultivated by their profession, and, as the reasoning power is not of this description, that they may be expected to be deficient in this, unless they specially cultivate it, I proceed to strengthen the argument, by pointing out some of the consequences of this want of logic in the medical profession, and thus argue from effect to cause.

1. *Their discussions are often endless.* That doctors disagree, has passed into a proverb. But do not divines disagree, also? True; but their disagreement is rather *doctrinal* than *practical*. The disagreement of physicians is principally *practical*; and when theoretical, it is often in relation to points, concerning which it would appear that there certainly could be a definitive settlement. Such, for example, as whether medicines are ever absorbed, and taken into the general circulation. But, would logic tend to abridge these discussions? Certainly. It cuts short discussion, both by bringing parties to issue, and curing inconclusive reasoning.

The discussions of physicians are *numerous*. Logic would reduce them, because it indirectly prevents logomachy. It teaches us to scruti-

nize terms ; to distinguish between the abstract and the concrete, the compatible and the opposite, the absolute and the relative, &c. It teaches us to distinguish between the whole essence, the partial essence, and that which is joined to the essence ; between genus and differentia ; between property and accident. It gives us the rules of division and definition, teaching the difference between the nominal and the real definition, the accidental and the essential, the physical and the metaphysical. He who considers how much controversy arises from ambiguous terms, and how much confusion from cross divisions, must see that logic would reduce the list of mooted medical questions. So, also, it would, by the exposure of fallacies. Are not Thomsonianism, hydro-pathy, homœopathy, &c., examples of hasty induction ? Doubtless, steam, water, and sweetened water are valuable remedial agents, and, in many cases, each may be an adequate means of cure. We must beware, however, how we proceed from the particular to the universal. One of these systems *may* prove to be all that it assumes, but certainly, when we consider, that in medicine as in meteorology, a thousand circumstances unseen may vary the results of our experiments, and that, while successful cases are blazoned, unsuccessful ones are kept out of sight, that many reported cases are due to false statements, false perceptions, exaggerations, &c., we should beware how we assert that a sufficient number of facts has been accumulated to establish any of them. Judging from the past, we may conjecture that the fate of the first of these systems awaits the rest, and all others of similar simplicity.

The fallacy, called by logicians, *non causa pro causa*, is common among physicians. You take a certain drug, and you get well. This is all you know about it, but you say the medicine cured you. You now assume what you should prove, viz : that the medicine and the cure stand to each other in the relation of cause and effect. It may be that nature, or regimen, or imagination may have wrought the cure.

The word *experience* has led to many controversies. What I know by experience is certainly true. That this remedy will cure you I know by experience. Therefore, that this remedy will cure you is certainly true. The word *experience*, in the first of these premises, is used in the strict sense, and applies to the past. The same word, in the second premiss, is used in the popular sense, and applies to the future. It denotes, not experience, but a judgment founded on it. Nothing more reliable than experience, in the first sense — nothing more uncertain than experience, in the last. Instead of being *opposed* to speculation, it is *founded* on it. A man takes for his major premiss a certain opinion,

and for his minor a certain phenomenon, and combining them, he draws a conclusion of no more value than his premises. Hence, one man's experience is, that wet sheets *cure*, another's, that they *kill*—one's, that infinitesimal doses are efficient, another's, that they are inert. One's experience is, that a wounded artery should be tied—another's, that the blood flowing from its mouth may be stopped by a charm. One's experience is, that jaundice may be cured by calomel—another's, that nothing more is necessary than to hang up a bottle of yellow liquid in the chimney.

So with the phrase, common sense. As it is used in common parlance, nothing is more indefinite. Whatever stands to common sense, is to be relied on; but one man's common sense is very *uncommon*, another's, not so much so, &c. The common sense of the savage teaches that the sun goes round the earth—the common sense of the sage, that the earth goes round the sun. The common sense of European nobles says, that republics cannot stand—not so that of American democrats.

If such fallacies misled common people only, I should not notice them, but they often delude gifted, scientific, respectable men; sometimes even reputable members of the medical profession, who are thereby induced to forsake its ranks, and enlist under the banners of some charlatan. It may be said that such instances of professional desertion are owing, not to a want of that reasoning ability which distinguishes truth from error, but of that honor which prefers poverty in uprightness, to wealth acquired by dishonest artifice. I have too much confidence, however, in human nature, to accept this as a sufficient account of the matter.

2. Another result of the want of logical skill, is the *slow progress of medical science*. Other professions make but slow advances, but they do not admit of *such* improvement as medicine. Theology and law admit of no discovery—their great principles are settled. We cannot correct the Bible, or amend the precepts of morality; but medical science may be progressive, especially in our own country, where we have peculiar facilities to trace the influence of race, climate, civilization. &c., in modifying the forms of disease, and to explore unknown regions, whose forests or whose mountains may contain remedies, for diseases which have hitherto baffled the healing art.

True, the history of medicine is full of discouragement; but it is consoling to reflect, that scarce any system has been devised which has not led to some new truth, or proposed some useful curative agents. The Dogmatics, the Galenics, the Empirics, the Methodics, the Stahlian, the

Paracelsians, have appeared and disappeared, but each of these sects has contributed something to the stores of medical knowledge and the resources of medical art. May it not be so, too, with the modern systems?—they are tributaries, soon to be lost in the general stream of medical truth, but not until they have contributed to swell its waters.

If a medical student survey the mass of error, absurdity, and superstition which has been accumulated by the profession in the successive ages of the past, he may find himself growing skeptical as to his favorite science; but let him inquire, if there be not mingled with this mass materials of undoubted value, and he will find his faith revive—for he knows that the blood does circulate, that vaccination is, upon the whole, a prophylactic, &c.

When we examine the statistics of hospitals and the general records of mortality, we may be induced to suppose that there is about the same proportion of deaths and recoveries under every system of medical practice; but when we inquire, whether there has been no improvement in the treatment of small pox since the days of Sydenham—whether quinine is not useful in ague, and iodine in scrofula, we must see that medical science has advanced.

It is as true of every other kindred science as of medicine, that its progress is slow. Man is in haste, but God will have him “hasten slowly.” Plato represents the human mind, in its progress to perfection, as the driver of a winged chariot; but the wings often droop, and periodically moult; the horses are unequal—one fleet, obedient, and spirited; the other sluggish, clumsy, and mulish: but, notwithstanding the successive elevations and depressions of the chariot, as the wings lose or regain their feathers, and the struggles of the horses, sometimes pulling opposite ways, and at best moving with unequal footsteps, the driver gradually ascends the skies. So with medical science. But the progress would be more rapid, if physicians of different views were to meet together, and, in the love of truth, compare notes, and mutually examine arguments, surrender errors, and exchange truths.

Lastly, I mention as a result of the want of logic, the skepticism of medical men in regard to religion. Although some of the brightest ornaments of the profession, both east and west, are humble Christians, yet, that our physicians generally are inclined to unbelief, is very obvious. I could introduce testimony, if it were necessary. Dr. Logan, of New Orleans, in an address on the Ethics of Medicine, delivered in 1844, before the Medico-Chirurgical Society of Louisiana, says:—“I am especially urged to this theme, at such a time and place, from the

lamentable fact that, notwithstanding there are many practitioners in our country eminent for talents, illustrious for learning, and distinguished for skill; yet I have reason to apprehend, too many are numbered among our ranks who, by their reckless disregard and defiance of morals and religion, are ruining our influence and bringing discredit upon the whole profession." Other testimony, to the same purport, might be introduced. Now the cause of this state of things is not simple: it is owing, *partly*, to the pride of science, the neglect of worship, and the absorbing nature of medical duties; but *chiefly*, I think, to the want of logical habits.

The medical student, as one remarks, is too often taught to bring his gift, like the Athenian, to an unknown God. And why so? because medical authors are not wont to distinguish between causes and design. You survey a complicated machinery—you trace its movements from spindle to spindle, and wheel to wheel, until you find the first moving cause—a stream of water. But the question should arise, Who made all these wheels, and spindles, and frames, and so arranged them as to make the unconscious water work out with unerring certainty the wonderful result? The *design* is as apparent as the *product*, and the former as much implies *intelligence*, as the latter does *momentum*.

The pupil often thinks he can account for everything in the natural world, by natural laws; and in the animal world, by vital laws; and in the intellectual world, by psychological laws—but when he does so, he confounds two things entirely different, viz: power and law—law can *do* nothing; the term as used in science, merely denotes the mode in which a *power* acts, or the order in which its effects appear. In the cloud which is raised around the term law, the student often loses sight of God; he sometimes contrives to keep his soul out of view by a similar delusion, a delusion which some medical authors ingeniously promote. Bichat thus speaks of life:—"The functions of the animal form two distinct classes: one of these consists of an habitual succession of assimilation and concretion. By the other he perceives surrounding objects; reflects on his sensations; performs voluntary motions under their influence, and generally communicates by the voice, his pleasures or his pains, his desires or his fears. The assembled functions of the latter class form the animal life."

Now ask the great physiologist, what is the cause of perception, reflection, volition? Why animal life, to be sure. Very well. Now what is animal life? Why it is perception, sensation, reflection, volition, speech, &c. If this is not the vicious circle, pray tell what is?

But it has been copied and imitated, by the highest medical authorities, not only in France, but on the other side of the British Channel and on this side the Atlantic Ocean. Having put God and the soul out of sight, what wonder if the physician should neglect the Bible and its evidences?

Dr. Drake, than whom, a higher authority can scarce be quoted, alluding to the sources of skepticism among physicians, says: "We are constrained to express the belief, that ignorance of the Bible is a greater cause of skepticism, than the whole of them." Again: speaking of the evidences of Revelation, he holds this language: "If a revelation be possible, and the conclusion seems inevitable, it could not become known unless it received attention, were read, and the evidences of its reality examined. But this is precisely what the majority of our profession have not done. Their infidelity is most unphilosophical, because they have concluded without examination, in violation of critical justice; for they have condemned without a hearing. If their disbelief should be correct in the absolute, it is not logically correct, because not the result of careful and candid investigation. To such an investigation I would call them. As scholars and philosophers, they should be ashamed of its omission; ashamed that they have concluded before they have collected and compared the testimony, absolutely necessary to a correct decision; before they have subjected all the facts to the test of that logic on which they rely for the establishment of professional truth. When they have done this, should they not acquire a Christian faith, they will at least substitute a philosophical infidelity for the skepticism of ignorance. Into that cheerless region, we should not have occasion to follow many of them, for its inhabitants are few, indeed, compared with those who wander in the benighted land of ignorance and doubt. We have seldom met with a single physician, who had earned citizenship in that frozen zone; while the number of the latter, although reduced from what it once was, is still sufficient to show, that multitudes repudiate the Bible without having studied its doctrines, or the evidences of its heavenly origin."

Upon this eloquent passage we beg to inquire whether the reluctance to examine the evidence is not owing, in some measure, to the fact that the minds of physicians, confined almost exclusively to induction and analogy, are disinclined to moral reasoning. Do not imagine, because I have thus spoken, that I deem the medical profession particularly vulnerable; others, perhaps, err as much by neglecting the inductive process, as physicians by neglecting the deductive. Think not, because

I have alluded to the skeptical tendencies of Medicine, that I seek to place a stigma upon it in the eyes of good men. It is a profession which for genius, learning and humanity; for industry, experiment, and persevering, self-denying and perilous researches; for a patient submission to peevishness, a generous sacrifice of pleasure, ease, and even devotion to the calls of duty, and a manly forgiveness of the basest selfishness and ingratitude, is wholly unsurpassed. To Medicine, I owe an unspeakable debt. Whenever I have eaten the bread of sorrow, or drunk the cup of affliction, she has been my Good Samaritan; she has calmed my anxieties, mitigated my pains, awakened my hopes, and often counted my pulse, and cooled my tongue at the midnight as well as the morning watch; and when, with tears, I have offered remuneration, she has gently replaced my slender purse beneath my pillow. To her skill—a skill which I ascribe to Divine wisdom and mercy, I owe the prolongation of my life. The more I see her value, the more profoundly do I regret that powers so commanding, and generosity so noble, should so rarely be found in union with religious faith.

ART. II.—*On the Pathology of the Blood.* By H. L. THRALL, M.D.

Blood is the medium by which nutriment is supplied to all parts of the body. It is the seat of those chemico-vital changes, which prepare lifeless matter for becoming living components of the organism; and for participating in the acts, of which muscles and glands are the seats and instruments. In it those vital metamorphoses occur, by which the components of air and earth, become constituents of brain and nerve, and minister to the reciprocal excitations of mind and matter. In it the worn out tissues are subjected to chemical transformations preparatory to their exit from the body as carbonic acid, urea, &c. While, then, it is the source of the assimilated, vitalized matter, subservient to nutrition of the body, being literally “the life thereof,” it is the common sewer into which the debris—the products of waste of tissue—is received, being the great thoroughfare in which passengers to and from the body pass and repass, to gain access to their transient vital abodes, as cell and fibre, and from these to the organs of excretion, to be restored to the inorganic world. This constitutes the larger, healthy, or systemic circle of albuminous aliment. It includes the journey from the duodenum to the tissues, during which the changes of vitalization and *primary* assimilation occur. During this process soluble albumen becomes spontaneously coagulable, organizable fibrine, without change of chemical composi-

tion. In the adult, as much effete, nitrogenized substance, leaves the tissues to re-enter the circulation, as is added by nutrition. The quantity added by the nutritive process, is in a direct ratio with disintegration and re-absorption.

A second digestion or solution of the waste portions, is a preliminary to absorption into the vascular system. It makes room for the new substance. As gastric digestion renders albuminous aliment soluble as a necessary antecedent to absorption by the lacteals, so is a second digestion or solution of the decaying solid organism, an essential condition to re-entering the circulation. This by Prout,* Bird, and others, is called secondary digestion. As in the act of solution the sameness of chemical composition is lost, also as the act of disintegration and solution is destructive to the organism, it is by the same writers called destructive digestion.

Interstitial death and decay are as incessantly active during adult animal life, as is interstitial reparation; and we as constantly find in the blood, substances which are the products of the unceasing decomposition of the nutritive fluids, and of the solid textures, as we do of assimilated fibrine for the reparation of interstitial waste. A few of the most important of such substances are urea, uric acid, kreatine, kreatinine, and carbonic acid.

The worn out tissues on re-entering the blood are not excreted as simply dissolved dead tissue; their elements are re-arranged, and subjected to a series of chemical metamorphoses, in the circulation;† by which the highly complex compounds, of waste of nerve and muscle, are reduced to a great number of more simple substances. In these changes, inspired atmospheric oxygen takes an active part, and is incessantly combining with the excess of carbon and hydrogen, to the production of carbonic acid and water. In this manner the nitrogen, with a smaller proportion of carbon and hydrogen, is finally reduced to more simple states of combination, adapted to the selective action of the kidneys, by which it is separated as the well known products of urinary excretion. The carbon in the meantime, as carbonic acid, finds its way to the lungs, and other portions of it to the skin, as carbonic, lactic, acetic, and butyric, acids. From the moment the disorganized tissues enter the blood, the transformations and re-arrangements constantly approximate the compounds to greater

* Prout on Stomach and Renal Diseases, 4th edition, page 374. Bence Jones' Lectures on Animal Chemistry, London Lancet, June, 1850. Prof. Bennet, in Braithwaite, No. 21, page 23. Prof. Walsh, do., No. 20, page 96.

† Bird on Urinary Deposits, 3d ed. §29-32. Bence Jones, Braithwaite, No. 22, p. 185, London Lancet, Sept. 1850, p. 246.

resemblance to the products of excretion, which being finally attained, they are adapted to the elective powers of the organs by which they are separated. This process is called secondary, or destructive assimilation, in contrast with primary assimilation, which is formative and the preliminary of nutrition, as this is of excretion.* One process is vitalizing and organizing, the other is devitalizing, disorganizing, and decomposing.

Functional activity of *nervo-muscular* tissues is, in its essential nature, destructive, and its conditions involve the re-conversion of organized tissue into the inorganic state. Provision for the maintenance of the purity of the nutritive fluids, is found in the removal of effete matters by excretion; which is as imperious and urgent a necessity of animal life, as is the regular supply of nutriment. If the vital fluids are not constantly purified by the separation and excretion of whatever is superfluous and injurious, the vital forces as certainly fail, as they do by respiring repeatedly the same portion of confined air.

Primary or nutritive assimilation is a vitalizing process, and does not alter the chemical composition of albuminous substances. When more albuminous nutriment is taken and absorbed, than is appropriated by the formative operations, in the reparation of interstitial waste, the excess is subjected to the process of destructive assimilation and excretion without becoming components of the tissues. This constitutes the smaller, less healthy circle of nitrogenized aliment. One division of destructive assimilation, includes the reduction of lifeless waste of tissue to compounds fitted for excretion; the other, the reduction of excess of aliment to similar compounds. "If on the one hand the products of waste be retained, they act in the manner of poisons; being as injurious to the welfare of the body, as the most deleterious substances introduced from without. On the other hand, if they be duly carried off, but not replaced, the conditions essential to vital action are not fulfilled, and death of the whole must be the result."† The products of disintegration are so numerous and varied, that several distinct modes are devised for getting rid of them. The excretory apparatus is consequently complex, so as to be in equilibrium with the digestive and assimilating. The conditions of health require

* Bird on Urinary Deposits, 3d ed. R. B. Todd, in Braithwaite, No. 21, p. 371; No 13, page 113.

† Carpenter's General and Comparative Physiology, 3d ed. §46.

an equilibrium between nutrition and disintegration, between interstitial disintegration and destructive assimilation ; and finally, between this last process and the reception of oxygen from without.*

The red and white corpuscles or cells of the blood, although isolated and floating, are endowed with life, and are organs or instruments, fitted for acts as special, as those of the eye or ear. They are essential to the many processes continually occurring in the blood, and are no less liable to disease than other living organs. They are essential to nutritive assimilation, and assist in introducing oxygen, so essential to the destructive process, and to the functional activity of brain and muscle. They are involved in all changes of the blood that affect other living organs. The blood is the seat and medium of so many and of such complicated processes, that we should, *a priori*, infer its liability to derangement, and the vital importance of its disorders.

We propose to ask the attention of the reader to the morbid states of the blood produced by the metamorphoses of the worn out tissues, of excess of aliment, and of the products of primary and secondary mal-assimilation, in connection with defective elimination. As our remarks refer more especially to the chemical transformations of devitalized waste of tissue, and of excess of aliment, both of which are decomposing products of albuminous substances, it may assist our inquiry to recall some of the chemical tendencies manifested by them while in the state of transformation. When, in the laboratory of the chemist, albumen, or any of the so called protenaceous group of substances, are warmed in alkaline solutions, they break up into a large number of less complex bodies, possessing chemically neutral or basic properties, as protid, erythroprotid, leucine, ammonia, &c. But when warmed in dilute acid solutions, and with oxidating agents, the products are acid ; among which are the acetic, lactic, butyric, benzoic, and formic acids, and several others.†

This illustrates the diversity of products, evolved from the same chemical substance, by a change of conditions no greater than is incident to disease. If neither acids nor alkalies are present, the transformation is putrefactive. By varying the strength of the acid or alkaline solution, there is corresponding diversity in the prod uct

* See Bence Jones, in London Lancet, Sept. 1850, pp. 247-249.

† See Garrod's Lectures on the Chemistry of Pathology and Therapeutics, London Lancet, July, 1849, page 8.

When the waste of devitalized nitrogenized tissue passes by absorption into the blood at a temperature of 98° Fahrenheit, transformation is regulated by the alkaline blood, and by the chemical agency of inspired oxygen. The muscles consist of fibrine and some salts. The fibrine consists of carbon, hydrogen, nitrogen, oxygen, sulphur, and phosphorus. The last products of the waste of muscle in the body, consist of carbonic acid, carbonate of ammonia, urea, water, phosphates and sulphates. The intervening products which float in the blood, are, says Bence Jones, "almost innumerable, as kreatine, kreatinine, inosinic acid, lactic acid, acetic acid, choleic acid or bilin, uric acid," &c., &c. The tendency of non-vital albuminous matter, whether in the animal body or in the laboratory of the chemist, is to chemical transformation into more simple compounds. The products are numerous and vary with each change of conditions as to a more or less alkaline or acid medium, or with the quantity of oxygen admitted. Many compounds thought to be solely due to vital chemistry, have been obtained in the laboratory of the chemist, by varying the conditions of albuminous decomposition. Each disease of the long catalogue to which the human system is liable, changes to a greater or less extent the conditions of the process of destructive assimilation; and the products are correspondingly varied in quality, quantity and number. When no urea is eliminated from the blood, the animal dies sooner than from any dose of arsenic or corrosive sublimate. This shows us the highly poisonous properties of the products of waste, when unduly retained in the blood. They float in contact with the living blood-cells—with the vitalized fibrine—the nervous and muscular fibres, and with the membranous and glandular organs.

The facility with which the blood is changed, may be seen in the effect of a free secretion of gastric juice. During digestion, various acids are separated from the blood, to form gastric juice; "for each equivalent of acid passing into the stomach, an equivalent of alkali is set free in the blood," which, as digestion progresses, becomes more highly alkaline. The kidneys are excited, and separating the excess of soda from the blood, lessens the acidity of the urine, or even gives it an alkaline re-action. "When digestion is completed, the gastric acids are re-absorbed with the food, and the alkalescence of the blood is altered in the opposite direction."* It

* See Jones' Lectures in London Lancet, May, 1850, pp. 415 and 416, and June, 1850, pp. 545 and 546.

is now less alkaline, and the kidneys being excited to preserve the normal alkalinity, remove an excess of acids; the acidity of the urine consequently increases up to the period of the next meal; when the same round of changes occurs in the same order. There are daily and hourly oscillations of the alkalescence of the blood, and of acidity of the urine, depending upon the state of the stomach.

“In irritative dyspepsia with pyrosis, a large excess of free acid is generated in the stomach, and being absorbed, finds its way to the kidneys, setting uric acid free from any soluble urate that may be present.”*

The chemical and vital functions are thus intimately associated in the animal economy; and the pathological views which do not embrace this connection, are not in accordance with nature. “The blood has been called an internal atmosphere; and in its constant momentary variations, in its unceasing change, it may well be compared to the atmosphere. Each moment its composition as a whole is changing. Each respiration produces its change on the blood. Each time food is taken, a great change in it must occur. Each action of a muscle, or of nutrition of any part of the body, must take something from the blood and thus change its composition.” Each disorganized effete particle of old tissue, by re-absorption, adds something to perpetuate the change.† “So, also, each excretion must effect its peculiar changes on that blood out of which it is taken.” Torpor, or arrest of any excretion, must lead to serious change of composition in the blood. Its aqueous part is always changing. Its nitrogenized and unnitrogenized components are always varying in amount. The salts and alkalescence of the blood are in unceasing oscillation, above and below the normal mean. At no two hours of the day are they the same, even in health. These are the broad outlines of the causes of the physiological changes of the blood.

In disease, the momentary mutations are still greater; the oscillations no longer play about the normal mean, and profound *qualitative* changes occur.

■ “A person in apparently good health, experiences from exposure,

* Golding Bird on Urinary Deposits, §143.

† Jones' Lectures in London Lancet, June, 1850, page 539.

a slight check to perspiration, and the next time he empties his bladder, he voids urine of a deeper color than is usual with him; and on cooling it becomes turbid from the precipitation of urate of ammonia.”* Suppression of cutaneous excretion closes the outlet to several acids, as the acetic, lactic, butyric and carbonic.

Aeration by the skin is lessened, and between one and two hundred grains of animal matter, rich in nitrogen, and eighty or ninety grains of saline compounds, have their usual excretory channels obstructed. A superabundance of water, acids, salts, and effete animal matters, are retained in the blood. Pulmonary aeration is excited by the excess of retained carbonic acid, and to supplement defective aeration by the skin. The excess of retained animal matter is ultimately metamorphosed and separated by the kidneys, as urea, uric acid, kreatine, kreatinine, &c.; thus increasing the substances rich in nitrogen, passed by the urine. The suppressed cutaneous salts also find outlet by the kidneys, adding to the density and irritating properties of the urine. The various acids find their way to the kidneys, increasing its acidity, precipitating uric acid, and irritating the kidneys and bladder. But the kidneys often participate in the cutaneous torpor, or, by excess of irritation, pass into active hyperæmia, with impairment of their excretory functions. The blood is loaded with the partially suppressed cutaneous and renal excretions, which by the circulation come in contact with the living blood cells—the nervous centres—with every fibre, nervous and muscular—with the glandular and membranous tissues. General febrile disturbance ensues, but local predisposition, or the varying properties of the retained irritants determines this or that organ, to take on irritation or inflammation. The pulmonary organs are involved at one time, the serous membranes at another. In others, the fibrous, synovial, or glandular structures are implicated. Or again, the liver and intestines are excited to diarrhœa and expel the poisons.

Such are the effects of what is popularly called “taking cold;” in which, if I mistake not, too much is attributed to the recoil of blood to the interior, and too little to the irritants with which suppression of excretion loads the blood. It is true, that recoil of blood from the surface, with congestion of the capillaries of the interior, may alone

* Bird on Urinary Deposits, §132–135.

excite violent visceral irritation, independent of qualitative changes in the blood; but in many cases of "taking cold" the vascularity of the surface is scarcely lessened, and the effects are fairly attributable to suppression of excretion of acid, saline, and nitrogenized matters lessening the normal alkalinity of the blood, and irritating the blood cells, the sanguiferous and nervous systems, and other tissues. I am convinced that we have limited our views of disease too much to the effects of hyperæmia and congestion. I am no less convinced that we have attached too little importance to qualitative changes of the circulating fluids. A large proportion of the products of the excretions exist ready formed in the blood. If we bear in mind that in the adult as much matter is subjected to the destructive process as is absorbed from the alimentary canal, we must be convinced of the large quantity of effete products which daily pass through the circulation.

But, in health, the unceasing activity of elimination effectually prevents the presence of more than a very small quantity at any moment of time. Each excretory organ separates its appropriate products as fast as formed; being constantly active in maintaining one of the essential conditions of life.

Arrest of excretion by the kidneys, liver, skin or lungs, induces *immediate* poisonous accumulation in the blood.

Partial failure of pulmonary elimination is promptly followed by anxious dyspnœa, poisoned blood, encephalic and muscular depression, failure of the functions generally, and arrest of blood in the pulmonary capillaries. *Entire* suspension of aeration causes death in 2 or 3 minutes; not from want of oxygen alone; retained carbonic acid is one of the most virulent and quickly fatal poisons.

We hardly think it possible, says Prout, for life to continue beyond a few minutes, if no *urea* is separated from the blood by the kidneys or other organs. The brain rapidly manifests the effects of fatal poisoning from this cause. A mere *deficiency* of the urea-excreting functions gives rise to less fatal effects, and "to various anomalous symptoms which often puzzle and perplex the practitioner."

Among these are the innumerable derangements of the nervous system. The red globules are poisoned, the blood-making powers depressed, and anæmia, with general dyscrasia of the fluids and perverted nutrition, with all their consequences, most surely follow. It is asserted by Carpenter, "that biliary matter does not exist as such

in the blood, previously to the formation of the secretion, but that its elements, derived from the disintegration of the tissues, are present in the circulating fluids in some more pernicious form, and are transformed into biline by the agency of the liver, in order that they may be re-absorbed in a less noxious form, to be finally eliminated by the respiratory process. It is certain that the effects of the *re-absorption* of bile into the blood, as seen in ordinary cases of jaundice dependent on obstruction of the biliary ducts, are not nearly so injurious as are those of the *retention* of the elements of the secretion, consequent upon deficiency of the secreting power of the liver; for whilst in the latter case death speedily supervenes, if no other outlet be found for the excrementitious matters, in the former no severe injury necessarily arises from the accumulation of biliary matter, to even such an extent that the tissues in general are tinged by it.”* “There is strong reason to believe that the re-absorption of biliary matter into the circulating current is the means by which it is finally carried out of the system.” Re-absorbed bile is probably injurious only from the small quantity of biliary resin, coloring matter, cholestrine, &c., which are truly excrementitious, and are not, like biline, destined to re-enter the circulation. But biline, by far the most abundant component of bile, is re-absorbed as an essential element of respiration, and for the maintenance of temperature. It is moreover one of the series of intermediate compounds formed in the process of destructive assimilation. If this link fails, all subsequent parts of the process are deranged.

The functions of the liver in the animal economy may be compared to those of vegetation in the economy of nature, in purifying the atmosphere of carbonic acid, miasmatic and other hurtful exhalations; which being separated by plants, are not only deprived of their virulence, but are converted into useful products, re-appearing as the delightful flower, the luscious fruit, or as wholesome aliment. As the aeriform food of plants is made up of the poisonous constituents of the atmosphere, and the functions of vegetation are essential conditions of the removal of these poisons from the vital air, so it is with the elements of bile in the blood; they must be removed from the more vital constituents, and re-appear as biline, to subserve ulterior and highly important purposes. If these views are correct, the fatality of cholera, c. morbus, and other diseases attended with total

* Carpenter's General and Comparative Physiology, 3d Edition, §591.

failure of the secreting power of the liver, is largely due to retained poisonous compounds, which, if formed into biline, would part with their deleterious properties. Chronic hepatic torpor then deranges duodenal digestion and the peristaltic action of the intestines on the one hand; and on the other, we have slow poisoning of the blood from the retained elements of bile. The latter are probably no less important than the former.—The distinctive vital properties of each organ are possessed in virtue of the specific peculiarity connected with the mode of nutrition; and the maintenance of the integrity of composition and textural sameness is one of the essential conditions of health. Of the numerous matters retained in the circulating fluids from chronic torpor of the excreting apparatus, some are irritating, others are depressing, but all are perverting. As the important office of primary assimilation, in preparing the pabulum for the repair of each organ, is performed in the blood, derangement of this function is an early and constant effect of retained excrementitious matters. Fibrine is imperfectly vitalized, depraved in quality, and ill adapted to sustain nutrition. The vital acts are then impaired from depravation or failure of the formative process, in the parts which are the seats and instruments of these functions.

Again, the essential conditions for the free transmission of blood through the capillaries, are the energetic performance of the nutritive, secretory, chemical and other changes to which the blood is subservient. The presence, in undue quantity, of the products of waste, impairs the aptitude of the blood to sustain these changes.* More or less perfect arrest of capillary transmission follows, leading to turgescence, congestions, active determinations, inflammations, active dropsies, &c.

The following classification of morbid states of the blood, by Garrod,† is preferable to any with which I am acquainted :

Class 1st. "Blood in which the constituents essential to the nutrition of the body are either increased, diminished or perverted; or in which some are increased and others diminished, and where no other constant alteration has been shown to exist."

Class 2d. "Blood in which those matters formed by the metamorphosis of the tissues during the performance of the vital functions, or produced during digestion and nutrition, and which are destined for speedy elimination, become increased in amount, and hence give rise to various morbid symptoms."

* See Braithwaite's Retrospect, No. 22, Page 178—182.

† London Lancet, Oct. 1848, Page 270.

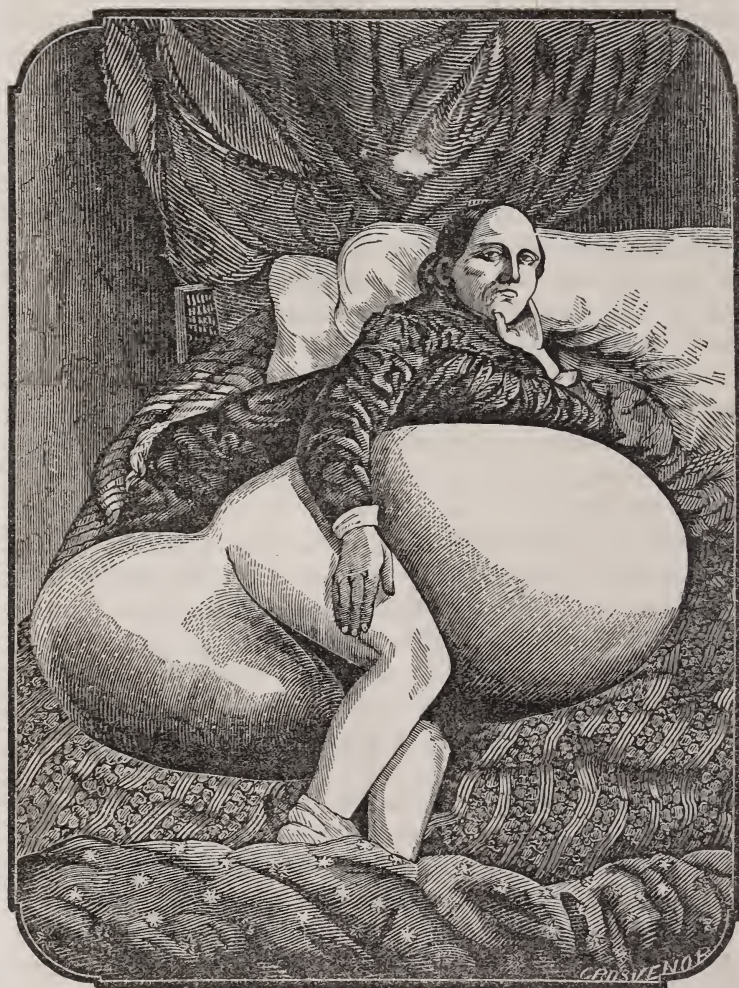
Class 3d. "Blood in which there exists matters abnormal to its healthy constitution."

"Each of these three classes admit of many subdivisions." Class 1st embraces excess, deficiency and perversion of fibrine, red globules, albumen, fatty matters, and of the saline constituents. It includes the abnormal changes of primary or nutritive assimilation, induced in the albuminous, oleaginous, farinaceous and saline components of the food. Class 3d embraces the effects of pus in the blood, the poison of dissection wounds, the bite and sting of venomous animals, the poisons of malignant pustule, the syphilitic, and various others which gain access to and pervert the fluids.

We shall confine our remarks chiefly to the 2d class, which includes the pathological states and products of the destructive processes, whether involving decompositions of excess of aliment, or of solid textures. All, or nearly all, of this group of substances are found in healthy blood. They are destined to speedy separation by the various depurating organs, whose office it is incessantly to free the blood of them as fast as they are received into or generated in it. Among the substances present in the healthy fluids, are carbonic, lactic, acetic, butyric, hippuric, inosinic, uric and other acids; urea, kreatine, kreatinine, the fatty acids, sugar, &c., &c.

By far the most common cause of the hurtful increase of these matters in the blood is defective excretion. But other and far different causes of excessive accumulation exist. Thus sugar is a component of normal blood; but its transformation into other products fitted for speedy elimination by the lungs, keeps the quantity present within healthy limits. Digestion of farinaceous substances may be arrested at the saccharine stage, a large excess of sugar being supplied to the blood. Or again, there may be failure of the process in the blood, by which the sugar is transformed into compounds suited to combination with oxygen, and after elimination by the lungs. Carnivorous animals have sugar in their milk; and other facts show us that it may be formed by diseased transformations of albuminous substances. Whatever may be the cause of the excessive quantity in the blood, the escape by the kidneys is salutary, preventing fatal accumulation. The same is true in many other cases; the products of transformation may be greatly increased in quantity or altered in quality, and impair the chemical, physical and vital properties of the blood, independent of the state of the organs of excretion.

At another time we contemplate the application of the preceding views to particular diseases and groups of diseases.



PART SECOND.

AMERICAN INTELLIGENCE.

SURGERY.

ART. I.—*Anomalous Case of Abdominal Tumor.* By P. J. BUCKNER, M. D.

While in attendance upon the meeting of the State Medical Society, in June last, CHARLES H. BEACH, M. D., of Wellington, Lorain county, called upon me, and gave such a description of a case of supposed ovarian disease, as induced me to visit the lady, a distance of two hundred and twenty miles, for the purpose of taking a history of the case ; and, also, a drawing of the tumor. Accordingly, having procured the services of Mr. Johnson, a daguerreotype artist of the city of Cleveland, we reached the house of the patient, and received from herself the following history of her case: We confess that the appearance on actual inspection, so far exceeded our anticipations, that we fear, all we shall be able to say, will convey but a faint idea of the appearance of the patient, as she lay upon her couch.

Mrs. D. is in her 33d year, and has had five children. While pregnant with her first child, and in the sixth month of utero-gestation, she received an injury in the abdomen, over the right iliac region. From this time, she dates her disease. She, however, carried her child to the full time, and after a tedious labor, was delivered of a healthy child in June, 1838. Nothing unusual occurred, after the accouchment, except that she suffered from soreness in the right side, and pain and weakness in the loins. In September, 1840, she was delivered of her second child. Six weeks previous to her confinement, she lifted a heavy kettle, and hurt herself. After she recovered from a swoon, as she supposes, she found herself laying upon the floor. When she arose, she discovered a small tumor protruding from the vagina, which, upon lying down, did not disappear. This singular tumor has continued ever since, and as the further history will show, forms a remarkable feature in the case. For the sake of distinction, we shall denominate it *vaginal tumor*.

After the birth of her second child, for a period of eleven months, she continued in delicate health. She became pregnant the third time, and had advanced to the third month of gestation, when she became frightened at the sight of a large rattle snake. She felt immediately, the symptoms of labor, which in a few hours resulted in abortion. This occurred in 1841. Three days after, she took cold, having pain in the back, and tenderness and fullness of the abdomen. Her right side became sore to the touch, which increased, until it was so sensitive that even the weight of the bed-clothes was oppressive. She became pregnant the fourth time, and was delivered of a still-born child, at full time, about twenty months after the abortion. During the progress of this labor, the tumor which had protruded from the vagina, during her second pregnancy, now became a source of obstruc-

tion, having greatly enlarged and elongated. Its appearance at this time, was that of *erectile tissue*, pear shaped, protruding five inches beyond the os externum, two inches in diameter, and having its pedicle somewhere within the vagina, but beyond the touch. She continued in labor some forty hours, and was finally delivered of a full grown dead child. On the eleventh day, Dr. Johns, of Wellington, was sent for, who found her suffering from suppression of urine, accompanied with general inflammation of the external genitalia. The catheter was used frequently, and a general antiphlogistic treatment adopted. The difficulty of voiding urine continued several months, and the catheter had to be employed frequently. During this attack, Dr. Johns discovered a soft immovable tumor, a little to the right of the umbilicus, filling almost the entire right side of the abdomen. From this time, there was pretty rapid enlargement of the abdomen, which continued to increase for the space of a year. A tumor, also, made its appearance in the right labia, and extended to the nates. It was soft and elastic, and by firm compression could be returned within the abdomen or pelvis. This tumor, protruding and enlarging, we will denominate the *tumor from the hip*. It continued steadily to enlarge, as did also the abdominal tumor. A distinct fluctuation could be felt in both. This circumstance induced the belief that it was a case of dropsy. Diuretics and hydragogue cathartics were used freely and repeatedly, but with only a mitigation of the symptoms.

About this time, she removed a distance of thirty miles from Wellington, and out of reach of her family physician. She was seen by a number of physicians of respectability, who insisted that it was a case of ascites, and that she ought to be tapped. At length, she submitted to the operation, which was performed twice by different physicians. The first, punctured the abdomen in three places, without success, viz: in the linea alba, and semilunaris of each side. The second operator punctured in two places, under the confident expectation of finding fluid, but with no better success—not a drop was discharged. Some three months intervened between the operations.

Here was another case of "*Dry Tapping!*" Soon after this, she returned to her former residence, and placed herself again under Dr. John's care, with all the symptoms greatly aggravated. The vaginal tumor became gangrenous, and sloughed into deep ulcers. As soon as one ulcer healed, another was produced by the sloughing process. The disease was a source of intolerable suffering to the patient, as well as perplexity to the physician. In the course of nine months, the ulcers healed, under constitutional treatment, and the use of two parts pulvis rheii, and one of cinchonia, applied in form of dry powder, to the affected parts.

The extensive enlargement of the abdomen and tumors, induced a most distressing state of dyspnoea. As the tumor of the hip enlarged, however, it appeared to relieve the distress of breathing, and other troublesome symptoms. For weeks previous, her sufferings were indescribable; she could scarcely breathe or live, only as she would lie upon her elbows and knees, her head in a dependent position. Anodynes were constantly used to procure rest sufficient to sustain nature. She became urgent in her desire to have the tumor of the hip

opened, in the hope of finding a fluid, the discharge of which might give, at least, temporary relief.

Dr. Johns, who had always opposed tapping, yielded to her solicitations, and made a puncture, but no fluid escaped; fearing that he had not made the puncture free and deep enough, he plunged a large abscess lancet into the wound, making a deep and free incision. No fluid being discharged, he introduced a finger in the wound, but could feel nothing but a soft tissue, very much resembling the omentum. The wound was then closed by adhesive plaster, and healed kindly in a few days.

From this time, the disease was allowed to take its course, her strength being sustained by constitutional treatment. The tumor of the hip continued to enlarge, *and appeared to arrest the increase of size in the abdomen.* Her general health gradually improved, *and she again became pregnant.* Under such remarkable circumstances, the labor was greatly embarrassed and retarded. Finally, resort was had to artificial means, and the labor terminated. Her recovery was more speedy than could have been anticipated, and she returned to her former condition. A period of nearly three years has elapsed, and she remains with rather an improved state of health: and presents the astonishing appearance indicated in the plate. It is proper to state that up to the present period, her catamenia has been regular as to period and quantity, her digestive powers good, and the expression of her countenance animated and cheerful.

The case is one of an extraordinary character; and the medical gentlemen who have examined it, are by no means agreed in their diagnosis. Dr. Johns thinks it an omental tumor, and that no fluid is connected with the morbid growth. Others have supposed it ovarian disease; and those gentlemen who tapped her, were confident it was a case of ascites. Of Prof. Ackley's opinion, (Dr. A. visited the patient some months ago,) I am not apprised.

From the history of the case, as now presented, we conclude:

1st. That the disease originated from inflammation induced from the injury received, during her first pregnancy—that it was followed by organic changes, *and accompanied by effusion.* The precise organ or tissue in which it commenced, is not clearly ascertained; but we are inclined to the opinion that it is ovarian in character, partly solid, and connected with an enormous cyst, which lies posterior to the more solid mass.

2d. That the great mass of the tumor is fluid, is indicated by the extensive and distinct fluctuation, manifested upon percussion, as well as that the contents of the tumor of the hip could be returned into the cavity of the body, until the distention of the abdomen became so great as to seriously affect respiration. We are of opinion that the fluid has forced its way through the thyroid foramen, and passing under the thigh, has carried the integuments of the nates and surrounding surface before it, thus producing the tumor of the hip.

The vaginal tumor could not be represented in the drawing, owing to its position; and we confess ourselves unable to determine satisfactorily, its true character. We incline to think it a branch or protrusion of the more solid part of the tumor, through the vagina.

Altogether, it is a most extraordinary case; and we have been at some trouble and expense in obtaining the facts. We present the case to the profession, more for its novelty, than for any practical deductions that may be drawn from it.

The whole weight of the patient is two hundred and fifty-five pounds. Her greatest weight previous to marriage was ninety-three pounds. Estimating her present weight at eighty pounds, her flesh being much reduced, would leave one hundred and seventy-five pounds as the weight of the morbid growth. The measurements of the tumor are as follows:

Transverse diameter, from sternum to apex of posterior tumor, three feet and nine inches.

Circumference around the abdomen or long diameter, seven feet and eight inches.

Circumference of tumor of hip, in long diameter, four feet.

Circumference of neck of tumor of hip, two feet two inches.

Length of tumor of hip, two feet six inches.

Short diameter of same, eighteen inches.

Length of anterior convexity of abdomen, from enciform cartilage to pubes, three feet and six inches.

P. J. BUCKNER, M. D. *Chairman.*

Cincinnati, July 1st, 1851.

[*Proceedings of State Medical Society of Ohio.*]

ART. II.—*Typhoid Fever.* By DR. DAWSON.

The following is a portion of an article from the pen of our friend, Dr. DAWSON, on the subject of Typhoid Fever, read before the Ohio State Medical Society. We are disposed to present a part of this paper to our readers for two very important reasons. First, the disease, Typhoid Fever, is grave in its character, becoming more and more prevalent in our Western country, and demanding, on these accounts, thorough investigation. Second, the paper itself is worthy of perusal and careful consideration. The reader, though he may not adopt *all* the views of the author in every particular, will be enlightened on the important subject of which he treats.

We commence with that part which treats of Diagnosis, and give the balance of the paper:

Diagnosis. As well just here, as in any other place, we might notice a question of no small interest among pathologists, both in this country and Europe. We allude to the *identity* or *non-identity* of the complaint we have been considering, with that group of phenomena to which the name typhus has been applied. Into a lengthy consideration of the subject, we do not expect in this connection to enter.

To the merest tyro in the profession, it is known, that between the essential fevers, it matters not scarcely of what character, there is at

the commencement such an unity of symptoms, that it is very difficult, and sometimes impossible, to discriminate between them. All of them are usually ushered in by lassitude, pain in the head and back, aching of the bones, loss of appetite, furred tongue, etc. It is only therefore after certain characteristic phenomena arise in the progress of the morbid movements, that the essential fevers can be distinguished from each other.

Now, with reference to these distinctive phenomena, it may be remarked that, there are a number of them that are common, by general consent, to both typhus and typhoid. Among these we include those connected with the mode of access, temperature of the skin, state of the mind, of the circulatory function, of the nutritive function, being much alike do they also seem in their origin, occurring sporadically and epidemically, and in the manner in which they are propagated from one individual to another. The same remark is applicable to the prostration and duration of the two diseases; and also to the diminished cohesion in the solids and fluids, and to the modes of dying which obtain in each of them.

The features upon which most reliance are placed to make a difference between them, have been, by general consent, reduced to a very few. Among these the most prominent are the *lenticular rose-colored spots* upon the skin; and certain alterations in the intestinal, chiefly the *Peyerian* glands, both of which have been regarded as being peculiar to typhoid fever.

For a considerable time the rose-colored spots, as a diagnostic, was regarded with great interest. Indeed, the language of a late writer, (Bartlett) is that "there is good reason to think that this eruption is almost an invariable accompaniment of typhoid fever." With more confidence than this, the views of others have been expressed. As a consequence, the attention of the profession has lately been industriously directed to the matter wherever and whenever opportunities have presented.

In considering this subject, we presume, that it should not be expected that the relation which obtains between a symptom, regarded as diagnostic, and the disease, should be constant and invariable. This would be fixing up a standard for the discrimination of diseases, to which, from experience, we have found them not always conforming. Diarrhœa is one of the most invariable accompaniments of typhoid fever, yet, in the case detailed at length in this paper, it was absent. Louis and others also found it absent in a small number of cases. Indeed, there is no one symptom of typhoid fever, but what has been occasionally found to be absent. When, however, there is reason to suppose that the alledged diagnostic has not been of itself submitted to the crucible of observation, under a sufficient variety of circumstances to ascertain its true character, and that it is also found in connection with other complaints, it would seem that prudence would justify a suspension of belief, until the matter is more thoroughly investigated.

Dr. Stewart, of the Glasgow Fever Hospital, has bestowed perhaps more attention than any other man, to the nature of the rose-colored lenticular spots. He remarks that the eruption, instead of consisting of successive crops of the spots, presents the two periods, longer or

shorter, of increase and decline ; “ and that, in the more severe cases, it may exhibit during the period of increase, four different states, being *florid*, *dark*, *livid*, and *petechial*. When the hue of the eruption is florid, it disappears readily under pressure ; when dark, it still disappears, but more slowly ; when livid, semi-petechial or pseudo-petechial, as it has been called, it is only partially effaced ; and when petechial, it is not in the least effected by pressure.” Dr. Drake, among his many tours of observation, made one to our northern chain of lakes ; and it happened that he had an opportunity, at Gros Isle, of examining a number of cases of typhus fever, among the immigrants from Ireland. From his own observations, and the testimony of the resident physicians of different hospitals in that region, he feels himself warranted in making the following remarks :

“ The skin shows various kinds of maculæ. In a few cases genuine *rose-colored spots* show themselves, but very soon assume a darker color. In the majority, the spots are purple from their first appearance, and of every size, from ordinary petechia up to diffused echymosis, often bearing a close resemblance to post-mortem hyperamas. In some cases the spots are like wheals, and the seat of a sensation which leads the patient to scratch them, whereupon ulcers follow, which occasionally assume a sloughing character.”

From this testimony of Drs. Stewart and Drake, it would seem to appear that these rose-colored spots, relied upon in the diagnosis of typhoid fever are nothing more or less than a variety of petechia ; or rather constitute the florid stage of petechia ; for the language of Dr. Stewart is, that he has seen them pass successively through the florid, dark, and livid, to the petechial stage. But the circumstance of the eruption making its appearance in another disease — typhus, seems calculated also to weaken our confidence in its diagnostic value. As above incidentally stated, Dr. Drake, in the epidemic of typhus among the immigrants at Gros Isle, noticed the genuine lenticular rose-colored spots. The chairman of the committee on Practical Medicine, of the American Medical Association, states, that during the prevalence of typhus in the New York Hospital, in June 1840, and at various times subsequently, the eruption regarded as peculiar to typhoid, was frequently observed in cases of typhus, of the identical nature of which there was not the slightest doubt, all of them having originated from the same source, namely, the fever poison, ideo miasma, generated in crowded immigrant ships.

Differing therefore in no respect from the eruption of typhus, and actually occurring in typhus, well marked and distinctive, these rose-colored spots alledged to be pathognomonic of the typhoid affections, must lose their importance unless there is a disposition to make distinctions where there is no difference. The reasoning appears to have at first been founded upon too limited a number of observations, and as a consequence, partakes strongly of the character of what logical writers call a *fallacia accidentis*.

Invoked, if possible, with still more confidence, have been the *alterations of structure*, which are alledged to be peculiar to typhoid fever. Indeed, since the time when Louis first made the impression, that the lesions in the typhoid affections are *sui generis*, there has been, both

in this country and Europe, a great development of industry among pathologists to ascertain, if possible, the correctness of the views of the distinguished Frenchman. While this has been going on, it seems to be true, that many circumstances connected with the essential fevers have not received that share of attention which is necessary in order to a correct diagnosis.

Anterior to Louis' researches, the structural changes, which occur during the progress of most fevers, were but slightly investigated, compared with the accuracy and elaborateness of which Louis was the author, and which now generally obtains. What, it may be inquired, was known of the morbid anatomy of the *low fever* of Hippocrates and Galen, the *tumulees pestis* of Van Helmont, the *putrid malignant* of Reverias, the *pestilential* of Sydenbum, the *malignant* of Bellini, the *putrid* of Sanctonius, the *continual putrid* of Boerhaave, the *jail, hospital or camp* of Pringle, the *putrid, malignant and nervous* of Huxham, the *petechial* of Francastorinus, the *spotted* of Brooks, and the *typhus* of Cullen, Thomas, etc.? Often there were no post mortem examinations at all made; and, as a consequence, the same disease received different names according to the fancy of the physician, or the development of some particular feature during its course.

With this general statement, with regard to the attention which has been given heretofore to the morbid anatomy of fevers, it may now be submitted, that the dothineritis, which has been regarded as a distinguishing characteristic of typhoid fever, is now found in other diseases also, perhaps with the most frequency in the genuine *typhus*. Antiquated as he is, Van Helmont noticed the frequent complication of typhus with diarrhoea. Dr. N. Smith, of our own country, says he never knew a case of typhus to terminate fatally without diarrhoea. In his *Illustrations of Fever*, Dr. Tweedee gives structural changes of the intestinal tube, as being among the prevailing lesions. Kennedy, in giving an account of the *typhus* which prevailed in Dublin, in 1837 and 1838, says that it differed materially in its morbid anatomy from the epidemic of 1826. The former was characterized with a constant congestion of the brain, to the exclusion of any material abdominal lesions; the latter exhibited almost constantly disease of the glands of Peyer. Drs. Graves and Stokes, of the Medical Hospital, in accordance with a custom that obtains among some enlightened German physicians, divides typhus into three varieties, the cerebral, the pectoral, and the abdominal, accordingly as the viscera in the one or the other of these great cavities are affected. It is also well known that the English, Irish and Scotch physicians have devoted no little time and care to an investigation of the pathology of febrile disorders; and, with great unanimity they have come to the conclusion that there is no foundation for the distinction between typhus and typhoid.

Further, Dr. Lombard, of Geneva, who was well acquainted with the typhoid fever, of Paris, and other continental cities, visited England, Scotland, and Ireland, in 1836, and compared the British typhus with what he had been in the habit of regarding as typhoid. Finding, in some cases, the symptoms of the typhoid fever of the continent, with which he was familiar, he expected to find after death the usual dothineritic lesions, but they were not present.

To such testimony, we might add the descriptions given by Dr. Gerrhard, of Philadelphia, of two epidemics occurring in that city, in different years; and, also, the testimony of Dr. Stone, of the New York Hospital, who tells us that in post-mortemising about twenty-five cases of those who died with typhus, disease of Peyer's glands was found in about one-fourth of the number.

The *effects of remedies* are at times a valuable source of diagnosis. In the effects resulting from the use of the lancet and drugs, there is a great degree of similarity between the two complaints. Both, according to general experience, do as well, if not better, without than with general blood letting. It seems that it is better in both complaints, to economize the resources of the system from the beginning, than to abstract from it a portion of the *vital fluid* for a temporary gain. Both, also, appear to resemble in their want of respect to any article of the *materia medica* addressed to the system with a view to expel them from it before their law of self-limitation expires.

Considered, then, in relation to their *history, symptoms, pathological anatomy*, or the *effects of remedies*, there seems to be much that is calculated to create a rational scepticism as to the position that the diseases are essentially different.

Further, however, we may submit, that to attempt to explain every pathological phenomena, by a difference of arrangement of matter, is to have recourse to hypothesis. It is likely to be true, that the various differences in the arrangement of the matter, of which the organism while in a state of disease is composed, are effects, and not causes, of the *primum mobile* of disease. To predicate, therefore, a *differential* diagnosis, upon alterations of texture, to the wants of a proper consideration of all other circumstances, is a process of investigation strongly impregnated with fallacy. It is true, also, that the dothi-enteritis occurs in other diseases besides typhoid and typhus. It is observed, occasionally, in fever of malarious origin, and also in the contagious exanthemata. A classification, therefore, founded upon structural alterations, would include these affections with typhoid fever.

But it may be inquired here, how are we to account for the frequency with which this form of disease, which Bretonnea calls dothi-enteritis; Andral, *follicular enteritis*; Rederer and Waglor, *mucous fever*; Broussais, *adynamic gastro enteritis*; Louis, Chomel, and others, the *typhoid fever*, is found associated with lesions of the intestinal glands? An answer to this question may be sought for with some success, in a consideration of the fact, familiar to all acquainted with morbid movements, that the same disease, at different times, and under different circumstances, including *locality, habit, modes of living, prevalence of other diseases, &c.*, seems to be so essentially changed in character, that for its cure an entirely different system of therapeutics is required. It has not escaped the attention of any, that since the advent of *cholera* in '32, diseases, in general, have been very different from what they were before. In accordance with the same principle, typhus may undergo modifications, touching not only its leading symptoms, but also its morbid anatomy. Pringle, Marcus, and Clutterbuck, observing it at a certain time, all know, found the

predominant lesion to be inflammation of the brain; Armstrong, at another time, congestion of the brain, lungs, and alimentary canal; Hildebrand, at another time, inflammation of all the mucous membranes; and Cruvelheir, Serres, Louis, and others, under the circumstances peculiar to the French, as a nation, may possibly have observed the same disease characterized most constantly with intestinal leisons, chiefly of the glands, of Peyer.

CONTAGION.

Of no small importance, is the question relating to the *contagious* character of this disease. Incidentally, in a previous part of this paper, we alluded to a number of instances in which it seemed to originate spontaneously, and was afterwards transmitted, from a focus of this kind, most frequently to nurses, and often to visitors. It is unnecessary in this place, to review these facts again. Many of a similar character has been observed by physicians, wherever typhoid fever has prevailed. Louis, in the first edition of his work, is silent in regard to the contagious character of the complaint; and Andral says he never saw any evidence of its contagiousness. Bretonneau, however, read a paper to the Royal Academy of Medicine, in 1829, designed to show that the disease is often transmitted from one individual to another. Learet, Gendron, and others, adopted a similar opinion; and Louis, in the edition of his work, published in 1841, agrees with them. The testimony of some of the ablest observers in our own country, such as Drs. Smith, Jackson, and others, coincides with that of the physicians of France. It may, therefore, be set down as the general opinion, that the disease is contagious.

With respect to the manner in which it is transmitted from one individual to another, there is some diversity of opinion. Some suppose its propagation due to a specific virus that, like the virus of small pox, operates on the system so as to produce with great uniformity a characteristic set of lesions, functional and structural; others suppose that it is due to a certain *constituo aeris*.

With reference to the mode in which the poison, after it is once generated, spreads from one person so as to affect nurses and visitors, an explanation may be facilitated by a brief recurrence to first principles. The most primary form of every thing relating to the various tissues of the body, is nucleated cells. Upon these, likely, the *materies morbi* makes the impression that ultimates in the first departure from the physiological state. While in health, the births and deaths of these cells are in *equilibrio*. During disease, this state of things is altered to a preponderance of deaths. On the death of a cell, the elementary materials of which it was composed while sustaining its normal relations to the system, seek new alliances, form new compounds, and thus become prepared to be discharged from the system by the various semunctories. During this process of destructive assimilation, these compounds of effete matter become endowed with the property of importing a tendency to similar transformations among the materials of which the living cells, with which they happen to come in contact, are composed.

Now we know, that through the skin, lungs, kidneys, liver and glands of the ileon and colon, much of this matter, while in a state of transformation, finds an exit from the system, to contaminate the atmosphere surrounding the patient. This atmosphere, there is the greatest reason to believe, acquires the property of exciting transformations among the elements of which the nucleated cells of persons in a state of health are composed, and in this way the disease is propagated from the sick to those in health, with as much certainty, as if the poison were introduced mechanically beneath the epidemis.

There are a number of analogies which lend probability to this view. All are familiar with the fact, that gluten in a state of decay or putrefaction, causes a similar transformation in a solution of sugar, and that a portion of putrefying animal matter, such, for example, as muscle, blood, or pus, placed upon a fresh wound, causes disease and sometimes death. The fatal disease often contracted in the dissecting room, owes its existence to wounds made with a scalpel in dissecting a subject, the solids and fluids of which were, at the time, in a state of transformation.

We need be at no loss in accounting for sufficient accumulations of organic animal matter, in the atmosphere surrounding a patient, sick with typhoid fever, to serve the purpose of exciting diseased action among those who breathe it for any length of time.

Sanctorius, as all know, laid the foundation for ascertaining the quantity of matter lost by the system while in health, every twenty-four hours, by weighing himself, what food and drink he took, also his solid and liquid discharges, every day, for a period of thirty years. To perfect this interesting inquiry, it was reserved for Keill, Van Gorter, Lavoisier, Sequin, and Ancell. When the ingesta consisted of 75 ounces, Keill found the daily average of fœces to be 5 ounces, the urine 38, and the perspiration 31. Van Gorter's experiments, when the ingesta were 91 ounces, made the fœces to weigh 8 ounces, the urine 36, and the perspiration 49. Lavoisier and Sequin undertook to separate the excretions and determine their absolute quantities. These gentlemen found that the loss of weight caused by insensible transpiration, is 18 grains per minute; and that of these 18 grains, 11 are the average belonging to the cutaneous transpiration, and 7 to the pulmonary. From such statements, and others, it appears that the amount of cutaneous and pulmonary excretion exceed the aggregate sum of the urine and fœces, being, according to Sanctorius, in the ratio of five to three.

From the fact that the urinary and fœcal discharges are periodical, and usually removed at once from the room, they are not apt to become as great a source of disease, as those which are perpetually escaping from the lungs and skin. From the two emunctories, however, the daily average, according to the authors just noticed, is about 40 ounces, 10 dwts. of which is organic animal matter.

It must however be borne in mind, that these amounts of waste matter are thrown off from the system while in health, and it is therefore reasonable to conclude, that while under the influence of disease, the quantity may vary; the destruction, particularly of the cells of the nitrogenized tissues, greatly preponderating over what takes place in a physiological condition of the system.

It, indeed, requires no labor to calculate the immense amount of matter which three or four hundred men will eliminate from the lungs and skin alone, during the time that a sail vessel ordinarily occupies in crossing the Atlantic. It will amount to a number of thousands of pounds, so much of which accumulates on the beds, furniture, walls of the room, and wearing apparel, as often to render even an inspection of it dangerous in the extreme.

Liberated from the system, or perhaps previously, the elements of this excreted matter undergo transformations similar to what, as previously suggested, takes place in blood, pus, or muscle, when removed from under the influence of the vital force. Coming therefore in contact with an abraded surface, or operating through the medium of the atmosphere on mucous membrane, a series of changes are excited; in other words, the equilibrium existing between the elements out of which the cells of the solids and corpuscles of the blood are composed, becomes disturbed in such a way that other affinities than those existing in the physiological state are developed, giving rise to those arrangements, that so much resemble fermentation, and the tendency of which are to give a continued predominance to the process of waste.

The striking case related by Dr. Harty, is to the point. The facts are, that a woman who had been confined by her husband, for weeks, in a dark small closet, without light, air, or a change of clothes, was liberated by two gentlemen, who while doing so were very much overpowered by the effluvia arising from the place. At the end of a week, both of these gentlemen sickened with fever; one died, the other recovered with difficulty.

The origin and spread of jail, camp, hospital and ship fever, together with some of the plagues of ancient writers, such, for example, as the Athenian, which occurred in the time of Pericles, and is described by Thucydides in such thrilling terms, have, in former times been subjects of difficult comprehension. The imaginary principle called "*idio miasma*," as a consequence, has figured largely in the explanation. Applied merely to designate the compound of excreted matter which serves as the poison to generate the disease, it may, until the exact chemical character of this is known, answer the purpose as well as any other arbitrary term. To organic chemistry, the chemical nature of the processes of waste and supply, we are indebted for explanations which render the whole matter more intelligible.

Adopting this method of explaining the origin and propagation of typhoid fever, we can see no impropriety in applying it to many other diseases of a virulent character, where the secretions and excretions of the system become very much vitiated. Indeed it has long been observed, that many diseases, after arriving at a low putrid stage, send out emanations that excite diseased action among those very much exposed to their influence. The process, however, by which this has been brought about, has never been explained in a rational manner, until since the attention of the pathologist has been called to the light thrown around the subject by the labors of organic chemists.

In concluding this part of our subject, we sum up in the following propositions :

1st. The disease often originates apparently under an epidemic constitution of the atmosphere, giving rise to a single isolated case, or perhaps a number of cases at about the same time.

2d. It is capable, also, of propagating itself according to the laws of contagion, extending to nurses and visitors.

3d. In instances of contagion, the *materies morbi* is most likely the result of the excretory matter given out by the emunctories, during the course of the disease, and principally comes from the skin and lungs.

4th. This excretory matter being in a state of transformation, and coming in contact with mucous membrane or an abraded surface of the skin, excites disease in the same way that it is excited by putrifying blood, pus, or muscle placed on a fresh wound.

THERAPEIA.

At the present time our knowledge of the treatment of typhoid fever is imperfect ; and to the slowness with which we have come to a knowledge of the nature of the disease, and its relations to medicines, may be attributed the want of uniformity that obtains in the treatment the world over. It is impossible, within any reasonable limits, to refer to all the plans of treatment to which the disease, from time to time, has been subjected. Briefly, however, we will glance at some of the more prominent. The French plans are various. Chomels is for the most part rational on symptomatic. He prescribes for symptoms as they arise, and adopts an antiphlogistic course when the form of disease is inflammatory. Bouillard's method consists in copious and frequently repeated abstractions of blood, in every stage. De Larroque's plan consists in the use of evacuants, principally purgatives. Louis, in the second edition of his work, is undecided in his opinion as to what is the best system of therapeutics ; and, it is said, that he now practices the purgative plan of De Larroque. This is a meagre synopsis of the different modes of treating the complaint by the most able men of the world, enjoying all the advantages of the extensive hospitals of Paris. In our own country, all plans, from the "*Expectant*" to the rigor of the mercurial, have been successively tried, abandoned and tried again ; so that, at present, we are in much the same condition that they are in France—without any, in favor of which there is anything like a uniformity of feeling. Many of those practitioners, who had *ptyalised* with much success in the malarious fevers common to the Mississippi valley, had, on the appearance of typhoid fever, great confidence in this measure. By numerous experiments their confidence has been dissipated, and many of them, particularly those who have had the most experience, now regard the plan as injurious.

In this unsettled condition of the profession in regard to the treatment of this, now very common, disease, we will give the result, in a very brief manner, of our own limited observations.

In treating typhoid fever, it matters not upon what plan, it should

constantly be borne in mind that it has a certain cycle of changes through which it will run, and from which it cannot be moved. Any one observing closely its pathological habitudes, would just as soon expect that he could stop a case of small-pox in the middle of its course, as a case of typhoid fever. This, therefore, we regard as a fundamental principle, and, upon the appreciation of which, the success of the practitioner will very much depend. Our remarks here apply to the disease after it has got complete possession of the system. What drugs, or appliances of any kind, might do in the stage of incubation, is another question; and it is probable that, by a judicious use of them in this stage, the disease might be arrested. In relation even to this, we confess that our confidence has diminished, as our acquaintance with the disease has increased. In 1844, in publishing some remarks on this point, we expressed the opinion that *emetics* might break up the train of morbid action in the forming stage. Since, however, we have had more experience in the treatment of this stage, it appears most probable that the cases upon which that opinion was founded, supposed to be typhoid fever, in the stage of incubation, were likely nothing more than the indisposition so frequently noticed among nurses, from exposure and fatigue. At present, therefore, we would as soon expect to break down a case of scarlatina, or measles in the forming stage, as a case of typhoid fever.

Such views being correct, drugs of all kinds take a position in the treatment very different from what they have in the treatment of many other complaints. Regarded as having an absolute curative relation to the disease, in any of its stages, they will not only be apt to disappoint the expectations of the practitioner, but will materially embarrass the progress of a case that otherwise might have went to a favorable issue.

Another consideration that we regard as having a close relation to success in the treatment, is the great length of time that the disease usually occupies in running its course, and the great preponderance of waste over supply during all this time. The great emaciation which obtains in severe cases, towards the close, not only embarrasses the operation of medicine, but is not unfrequently the cause of death. As a consequence, medicines or measures calculated to add to the wasting process of the tissues, incident to the disease, will, as a general rule, exercise a pernicious effect.

This view cuts off the bleeding and purgative plans of treatment, and, indeed, is incompatible with any that does not take into consideration the necessity of economising the resources of the system from the beginning to the end.

Naturally the question here arises, as to what is the best plan of treatment. We answer, that so far as we are capable of judging, there is no one plan applicable to all cases. There are different forms of the disease, from the simple to the complicated; and as a consequence, these forms require different modes of relief.

Simple cases need but little if any medicine at all. Refreshing drinks, measures calculated to cleanse and cool the skin, and something to restrain diarrhoea when excessive, are the principal of what such cases require.

In even the inflammatory and adynamic forms of the disease, we are in favor of using drugs sparingly.

With respect to the relative value of the different articles of the *materia medica* in fulfilling indications, we do not design to speak at length. To restrain diarrhoea, one of the most frequent and troublesome symptoms, we have never found any thing better than opium. Uncommon heat of the surface, attended with high fever and pain in the head, are very successfully controlled by the *free use of cold water, internally and externally*. When cases require purging, our favorite article is hydrargyrum c. creta. For the incoherence and delirium, which so frequently obtains, we have found nothing better than camphor, in small doses, frequently repeated. Hemorrhage from the bowels we treat with doses of opium sufficiently large to suspend entirely the movements of the intestines. Where there seems to be a tendency to putridity we use quinine during the whole course, and such other strengthening medicines as seem, from time to time, to be required. In the sinking stage we use stimulants — carbonate of ammonia, wine, and wine whey; but confess that we have never seen any thing but equivocal effects from their administration.

DIETETICA.

Throughout the course we use a sustaining system of dietetics. Our reason for this is founded upon the usual duration of severe cases. Very often this exceeds the time, at which, in health, without food, starvation would occur. Indeed the duration of the malady often doubles the period of starvation. As a consequence of this circumstance, the administration of food, from the beginning to the end of the disease, becomes a matter second in importance to nothing else connected with the treatment. Often patients, at the commencement, have no relish for any thing to eat, but loathe even the smell of diet of all kinds. Notwithstanding this, they should be made aware of the necessity of the measure, and when they are satisfied of this, they can be induced to take food. Among the many articles of diet proper, of course the patient's preference ought to be consulted. Soup, made from muscle, because of the chemical identity of this substance with blood, and the ease with which it is usually assimilated, is, of all articles, particularly in cases connected with great prostration and a rapid wasting of the tissues, to be preferred. Besides this, the greatest proportion of waste falls upon the muscular tissues, and this constitutes another reason why an article identical in its chemical elements with muscle should take a prominent place in the dietetics. Next to muscular tissues, the greatest loss that takes place by destructive assimilation, or the process of waste, is in the deposit of fat. Fat is now regarded as containing the elements that go to support the function of respiration. Now, we know that this function is very much accelerated in the disease before us, from its beginning to its end, and, as a consequence, for its support, requires a larger proportion of fat, or substances containing the elements from which this substance is formed, than would be the case in a physiological condition of the system. Articles, therefore, containing fat already form-

ed, or those, such as starch, sugar, and gum, that, by the mere separation of a portion of their oxygen, readily pass into fat, should, if the views submitted, be correct, constitute no inconsiderable proportion of the nourishment. In many cases, sometimes in most of the cases of an epidemic, there seems to be a diminished cohesion of the solids and fluids, a kind of putrid diathesis. To oppose this state of things accharine articles, beer, and wine of different kinds, have been used; but considering the ambiguous results of such articles, it may safely be presumed that in resisting the septic tendency, as much can be done by keeping the nutritive process in vigorous action as in any other way.

In conclusion, we submit, as a summary, the following propositions:

1st. In its mode of access, the disease is various, sometimes occupying two weeks, or more, in the stage of incubation; and, at other times, making its advent suddenly.

2d. The febrile symptoms, in the general, are not characterized with intensity—the action of the heart and arteries, heat of surface, etc., being in the usual way moderate.

3d. The tongue passes, in the different forms, through all the changes to which the organ is liable—from a pale, moist condition, with but a light coat upon it, to that of a dark brown or black, attended with dryness.

4th. In its functions, the skin is less altered than any other organ, if we except the maculæ, of which it is the occasional seat.

5th. The abdomen, externally and internally, as a general rule, exhibits signs of disease.

6th. Hemorrhage from the bowels is more frequent in this than in any other disease with which we are acquainted.

7th. The affections of the brain vary, from a mere aberration of function, to delirium and coma.

8th. The mucous membrane of the air passages is frequently the point upon which the morbid force spends its principal violence.

9th. Emaciation and debility are characteristics of all grave cases; and the process of waste falls with most force upon the muscular tissue and adipose deposit.

10th. The times most propitious for the origin and spread of the malady are winter and spring.

11th. The persons most predisposed to attacks, range from 18 to 40 years of age.

12th. The disease exhibits no exclusive preference for filth, or bad habits, but originates and prevails in neighborhoods and families where the habits, as far as appreciable, are unexceptionable.

13th. The duration ranges from two weeks, to two months, and sometimes to three months.

14th. Relapses are of very frequent occurrence, and are generally brought about by errors in diet.

15th. Death, in the majority of cases, seems to take place from the morbid forces operating upon all the great functions of life in such a way that they seem to be overwhelmed: sometimes from hæmorrhage from the bowels, and occasionally from nothing that is apparent, but debility.

16th. The diagnosis is difficult. Regarded by its history, symptoms, morbid anatomy, or the effects of remedies, the disease differs in no material respect from the typhus of the older writers ; if we except the greater frequency, now than formerly, of intestinal lesions.

17th. The treatment, in order to be successful, should take into consideration : first, that the disease has a certain cycle of changes through which it will run, and from which it cannot be moved ; second, the necessity also of economising the resources of the system from the beginning, so as to have on hand a sufficient supply of the vital force for the exigencies connected with the great duration.

18th. The drugs, or appliances, as a consequence, addressed to the complaint, with a view of cutting it short, in any of its stages, will not only prove useless, but frequently injurious.

19th. There is no one plan of medical treatment applicable to all cases. The disease has different forms and different grades of violence, and with these the therapeutics must correspond.

20th. A system of dietetics, founded upon the chemical composition of the tissues and deposites, sustaining the greatest relative proportion of loss during the course of the malady, may be regarded as a measure of vital importance.

ART. III.—*Bleeding from the Temporal Artery.* By J. B. EVANS, M. D., of Ross county, O.

I very well know that the doctrine of blood letting is considered a questionable remedy in low orders of disease, when it is necessary to economize the patient's strength so far as can be done. And it is only after careful discrimination, that it should be practiced.

I do not advocate or adopt it in typhoid fever, only in peculiar cases. But some half dozen times I have practiced it, when I think other means would not have reached the case. In these, it was resorted to only in the last extremity, when there were evident signs of determination to the head ; with that peculiar delirium that to me is a harbinger of approaching death. These were all benefited, and all recovered, except one, and that one became rational, and remained so for some days, and I think would have recovered, only for previous disease of the lungs. In this condition there is a most decided benefit by a careful bleeding, from one or both temporal arteries, when the patient will gradually become more calm, and I have known them to fall into a good sleep, when they had hardly been known to sleep for days. I thought cold applications did no good in these cases. Perhaps there was not "vital force" sufficient in this condition to overcome the congestion. Hence the necessity of relieving

that vital part, so far as practicable, by blood-letting. It is difficult to know the exact amount of blood taken; but it varied according to the effect produced. I think the quantity would vary from two to six ounces.

Now, permit me to say, that I have not been more gratified, or received more credit for any act in my professional life, than for blood-letting in these cases.

ART. IV.—*Fœtal Monster*. By E. T. BROWN, Logan, O.

On the night of the 6th of October, I was called to attend Mrs. R., in her second confinement. I was met near the house by the husband, who told me that the child was born soon after the messenger left the house, but that "the child was not right, having a tumor on its breast"—inquiring, at the same time, "if it could not be removed." I waived a direct answer to his question, by saying that I could tell more about it after seeing the child. My first care on entering the house was to attend to the comfort of the mother. The placenta was removed without difficulty, and after applying a bandage, I proceeded to examine the child, being previously informed that it was an "eight months' child." On unwrapping it, I found an almost entire absence of the abdominal integuments. The opening was nearly circular, with irregular and abrupt edges. Through this opening the intestines and liver protruded, covered only by a thin transparent membrane. The viscera of the abdomen could, in almost their whole extent, be plainly seen. The membrane seemed to come from the inner surface of the irregular opening, and was continued into and finally lost in the funis. As handling the contents of the sac gave the child great uneasiness, I did not examine the parts as much as I should have done under other circumstances. In addition to this malformation, the child had on each hand five well formed fingers, and six toes on each foot. The child lived three days, suffering all the time with convulsions. Before leaving, I asked permission to examine the body after death, which was readily granted; but owing to unavoidable absence, an examination was not made. A case bearing some resemblance to this, only more interesting from fuller detail, is recorded in the *London Lancet* for January, 1850, page 45.

ART. V.—*Nitrate of Silver in Leucorrhea.*

Dr. N. B. Anderson, of Louisville, Ky., strongly recommends the solid nitrate of silver to the cervix uteri, and adjacent parts—by means of the speculum—as the true remedy for leucorrhea. Dr. Anderson urges, with much force, the necessity of resorting to the speculum, as the only means of correct diagnosis or treatment, in leucorrhea. He has found that the disease is, almost invariably, connected with an ulcerated condition of the neck of the uterus, and he believes that astringent injections are very *inefficacious* in reaching the seat of the disease, which requires the application of solid caustic. He gives the following account of his experience and practice:

“In the course of the last year I have had an opportunity of treating forty-one cases of leucorrhea, and the results have been so satisfactory that I feel justified in submitting my experience to the profession. I am sure that no physician, after trying the improved method, will ever be satisfied to return to the old practice of tonics and astringent injections. Not that tonics are not useful in their proper place. I have found them highly beneficial in many cases, but they are to be looked upon as adjuvants to the main remedy—the nitrate of silver locally applied. So long as the morbid condition giving rise to the unhealthy secretion continues, constitutional remedies are of no avail. The cause must first be removed, and at a knowledge of this, as has already been remarked, we must arrive by means of the speculum.

“In nine cases out of ten which have come under my treatment, I have found no difficulty in obtaining the consent of the patient to the use of the speculum: the woman is then placed in a horizontal position on a lounge or bed, the hips elevated higher than the head; a loose sheet is thrown over her person, in which is an aperture sufficient to admit the speculum; (that which I use is glass;) it is well lubricated, and then insinuated as far as possible into the vagina, following the axis of the pelvis;—the os uteri readily descends into the mouth of the instrument, inclining backwards and downwards, which, by depressing the handle, will remain in the centre of the instrument. In this position, before a window, or with the use of a candle, the organ can be viewed to its full extent, and the ulcerated surface found. In nearly every case it presents the same appearance. The neck is found flabby, swollen, and of a pale red and bluish cast—the anterior and posterior lips being much elongated, with the

greater portion of the neck ulcerated to some extent. In about one-half of the cases, the ulceration is within, as well as without the neck, and extends some distance into the cavity of the uterus; whilst in the remaining half, it is limited to an area of one-third of the neck, and anterior and posterior lips, the cavity not partaking of the ulceration. In every case, the ulcerated surface is to some extent the same, with but little sensibility about the parts; no pain is ever felt on applying the caustic freely, both around the neck and within the uterine cavity, for the mouth is always open sufficiently to admit of its introduction.

“In the first place, the parts are cleansed with a soft sponge attached to a whale-bone handle, in mop shape, after which the nitrate of silver, in the solid form, is applied very freely to every part diseased. This operation is repeated according to indications, from three to seven days apart, and during the interval, cold water injections several times a day are to be used conjointly with tonics. In some cases I have used the speculum as often as ten times, but in the great majority of cases, it is not necessary to resort to it so often.

“Those cases in which the ulceration was seated within the neck and cavity of the uterus occurred in weakly females, who had borne a great number of children, and some with the aid of forceps. In unmarried ladies, it was always seated on the external parts of the neck, and the anterior lip. In the cases in which the cavity was implicated, the free use of the silver was not found to have interfered in the least with the catamenia.

“In almost every case where a female does not bear children, I have found fluor albus to be present;—unquestionably this disease is a frequent cause of sterility; the ulceration of the neck and cavity interfering with the intromission of the semen, which passes away with the profuse discharge.”—*Abridged from Western Jour. Med. and Surgery, in Med. Examiner.*

ART. VI.—*Lemon-Juice in Acute Rheumatism.*

Dr. Babington of Guy's Hospital, London, reports in the London Lancet, 8th November, 1851, several cases of acute rheumatism, treated with lemon-juice, in which “he found it answer the most sanguine expectations.”

“The lemon-juice which Dr. Babington employed was procured from a wholesale confectioner, the price being no more than sixpence

per pint, when retailed in small quantity, and considerably less when furnished by the gallon. When Dr. Babington commenced making trials of the lemon-juice, he prescribed it according to the recommendation of Dr. Owen Rees, in doses of from one to two ounces, three times a day, for an adult. More recently, however, he had ordered not less than three ounces, and much more—usually six ounces—taken at a draught, and without any admixture, three times a day. It might be supposed that the patient would find some difficulty in drinking so large a quantity of such a sour liquid, but this is rarely the case; nor does it in general produce tormina, nor otherwise disagree with the alimentary canal. Instead of relaxing the bowels, as might have been expected, it renders them somewhat costive, so that it not unfrequently becomes necessary to exhibit an aperient. The juice produces no very decided effect upon the kidneys, merely tending by its quantity to promote their secretion. It increases cutaneous action, but to what extent it is difficult to determine, because in rheumatism, a disease in which this remedy is chiefly useful, the complaint itself is marked by the occurrence of profuse perspiration. The only unequivocal effect which uniformly takes place is a diminution in the number and power of the pulse, and of the heart's action. Whether it alters the character of the blood, or whether it affects the heart by diminishing nervous influence, Dr. Babington has not had an opportunity of determining.”—*London Lancet*.

ART. VII.—*Case of Lead Palsy, resulting from the use of Soda-Water, contaminated with Lead.*

Dr. D. Macgibbon, of the Charity Hospital, N. O., reports in the N. O. Medical and Surgical Journal, for November, 1851, a very well marked case of lead colic, followed by severe paralysis, which was attended with *blueness of the gums*—the pathognomonic sign of the presence of lead in the system—and was clearly traceable to lead taken in soda-water. “The patient kept a small store in Camp, near Julia street, in which, since the warm season commenced, she kept soda-water for sale. The fountain had leaden tube attachments to it for drawing off the fluid; and on an average only one fountain of soda-water was used in a week on the premises, thus leaving its contents a sufficiently long time for the free acid to act on the leaden pipe, and also for a portion of the carbonate of lead thus formed, to be diffused throughout it. She was usually in the habit, when she

arose in the morning, of drawing off a glass of this beverage and drinking it ; the first portion which escaped she always threw away, having heard somewhere that this was not proper to be drunk. She also throughout the day would usually drink two or three more glasses of this, which was about the amount she consumed according to her own account."

Dr. M. states that "lead has, in many instances lately, been detected by the most conclusive chemical tests, in the soda-water sold in New Orleans, and that, too, where less favorable circumstances prevailed than above," and he has no doubt of the saturnine origin of the case described.—*Phila. Medical Examiner.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On the Treatment of Obstruction of the Bowels.* By EDWARD WELLS, M.D., Oxon.

In some preliminary remarks, the author informs us that it is not his object to treat of intestinal obstructions from causes external to the tube, as tumors, &c., nor of obstruction arising from internal causes, as hardened fæces, neither of those cases which originate in hernia. The cases which he has in view are those which have no demonstrable cause of the obstruction, such as in the following supposed case: You are called to a patient, who informs you that he has had no proper relief from the bowels for the last seven or eight days, that he has been to the druggist, and taken black dose upon black dose, pill upon pill, and that they are all in him, and he wants to know what he is to do next. He tells you, further, that it is true he has been to stool once or twice, or perhaps oftener during the time, that he has perhaps on each occasion passed something, but he is sure it is not what he ought to have passed. In short, to use his own expression, although he has occasionally had a scanty evacuation, he is convinced that "*nothing has gone through him.*" Upon examining the abdomen, you find some distension around the umbilicus, with

a degree of tenderness on pressure. This last symptom varies from that slight shade in which the patient can hardly say whether the pressure relieves his pain or not, up to decided tenderness at the least touch. In mild cases the patient will tell you he feels very well, excepting the obstruction, but the knowledge of its existence makes him very uncomfortable. In other cases there is some degree of sickness conjoined, merely perhaps occasioned by the purgative draughts. In severe cases the sickness is more permanent, mucus or bile being rejected from the stomach. In such instances we should expect the tenderness on pressure over the bowels to be greater, though still not in any degree approaching to what occurs in peritonitis. There will also be a rumbling of flatus in the intestines, and the patient will say he feels the wind pass downwards to a certain point and then stop. All this time the pulse is not perhaps accelerated, it is generally weak; the tongue is moist and often clean; the urine, provided the obstruction is not situated high up in the bowels, is not necessarily affected, though generally high colored.

Under these circumstances, and especially in the milder cases, the first thing perhaps that you do is to order a large enema to be thrown up. It is found to traverse the large intestine easily; the patient assures you that he feels it go as far as the ilio-cæcal valve, and after a short time it returns without any tinge of fæcal matter. The obstruction is not in any part of the colon, but somewhere in the small intestine.

What treatment should then be adopted? In the severe cases, where there is pain upon pressure, distension of a portion of the intestine, a rumbling of flatus, and frequent vomiting, it will be said that the line of treatment is easily chalked out; that, whatever the cause of the obstruction, we have inflammation superadded; and that our treatment must be directed to subdue the latter. This is quite true; and in such well-marked cases I did not think there would be much chance of the case being misunderstood. But we must remember that these severe instances of the disease are only the consequences of a continuation and aggravation of the symptoms of its milder forms. We must not forget that the most simple case of obstruction is liable to run into a fatal form, if, with a view of obtaining an action of the bowels, we are incautious in the prolonged use of irritating medicines. Finding that the patient's chief discomfort arises from the fact of the bowels not acting, that he professes himself as feeling otherwise well, we are, perhaps, rather too liable to fall in with his own fancies, and just give him one more dose.

Now, in these cases what ought we to do? In the first place, abstain entirely from all purgative medicines. It will be much better to err in not giving sufficient aperients, than to err in giving too much. The first thing to do is to compose the patient's mind by informing him that there is no hurry for the bowels to act; that if he waits patiently, they will be sure to act in time; to tell him instances of persons who have gone a long time without any action of the bowels, and have done well.

Next, in these cases of obstinate obstruction I have great faith in the lancet, where it can with safety be used. It has seemed that a slight degree of faintness, produced by bloodletting, has acted very beneficially in removing the exciting causes of the obstruction, probably by the general relaxation which the faintness itself occasions. By putting the patient in an upright position and bleeding him until he begins to feel slightly faint, I think we are quite safe not to do him any harm. If he is of a weak, nervous temperament, a very few ounces will produce the desired effect. If he be strong, he will afford to lose more. Where, however, the debility of the patient forbids the use of the lancet, it will be as well to apply leeches around the umbilicus. These act, probably, by relieving the local congestion, which is either the cause or the effect of the obstruction.

These measures premised, the safest plan is, I think, to put the patient upon repeated doses of calomel and opium. Even if inflammation be totally absent, the exhibition of these two drugs is likely to be attended with the best effects. The opium soothes the bowels, already irritated by the repeated cathartics: it allays the over-excited peristaltic action: it relaxes any contingent spasm, and quiets the patient's mind. To effect these objects, it must be administered in sufficient doses—such as gr. $\frac{1}{2}$ to gr. j. every four hours. The calomel, by improving the secretions, and exciting the action of the liver, tends to remove the cause of the obstruction. And if this happen to depend upon a partial enteritis, the combined action of these two medicines would hold out the best hopes of a successful treatment. If the calomel be sufficiently guarded by opium, there is not, I think, any fear of its producing any serious irritation of the bowels.

While using these remedies I should be in no hurry to accelerate the action of the bowels by aperients. I should rather wait until they begin to act of themselves, as they generally will; and then, provided no inflammatory symptoms were present, there would be no ob-

jection to administer a dose of castor oil to aid their propulsive efforts. In these cases it is also better to delay the administration of aperient enemata until the bowels are acting themselves. Previously to this they appear to add rather to the patient's discomfort, probably by the distention they occasion in the large intestine, which re-acts upon the parts already distended by the obstruction.

When there is no tendency to sickness, it is better to allow the patient to take food, in the shape of gruel, by the mouth. It prevents that sense of sinking which he often experiences, and it probably acts in some degree mechanically in propelling the contents of the intestinal tube.

In those severe cases, where there is frequent sickness, with pain in the bowels, and a rumbling of flatus, the above measures will be still further indicated. But there will also be other things which it will then be necessary to attend to. In these cases it is of great importance to abstain from giving any food by the mouth for some days. A teaspoonful of cold water should be put into the mouth from time to time to allay the patient's thirst. His support should be entirely entrusted to beef tea injections. It is proved that these are sufficient to maintain the strength for some time—at any rate, for a period sufficient to allay the irritating symptoms, which forbid the exhibition of food by the mouth. This part of the treatment I am inclined to consider of the highest importance; for as long as food is continued to be administered by the mouth, and is rejected by vomiting, there will be little chance of arresting the inversion of the peristaltic action of the intestinal tube. The nutritive enemata should be of small bulk, not exceeding at the outside a quarter of a pint; otherwise, they will not only be retained, but they will add to the patient's sufferings. They should be administered at regular intervals of four hours. When there is much rumbling of the intestines, or when there is a difficulty as to the retention of the injections, it is advisable to add to them a certain proportion of laudanum.—*Lon. Med. Gaz.*

ART. II.—*The Pulse.* By Dr. R. B. TODD, F.R.S.

[In a clinical lecture on this subject, Dr. Todd says:]

The frequency of the pulse is affected by various morbid influences, of which the following are the most potent:—

1. *The condition of the blood.*—A poor blood is almost always associated with a rapid pulse; in animals bled to death the pulse at-

tains an increasing frequency as the blood flows; this occurs in men who have been very largely bled, and in cases of excessive hemorrhage, whether hæmoptysis, epistaxis, or hæmatemesis, or after surgical operations, the pulse attains great rapidity.

2. *The existence of a poison in the blood.*—This tends generally to increase the frequency of the pulse, and so you find the pulse quick in the early periods of the exanthemata of typhus. The administration of alcohol to a healthy man affords a good illustration of this; as soon as he has taken a certain quantity of it, acceleration of the pulse takes place. But some poisons will produce a contrary effect, by depressing and weakening the heart's action, as you well know in the administration of digitalis, or of hydrocyanic acid. So, also, some of the animal poisons, if taken in large doses, will cause depression of the heart's action and a slow pulse. We have now a case of scarlet fever, in a man named Boon, in Rose Ward, with whom the pulse was as low as 60 before the eruption had come out fully; a state which seemed to me to indicate the use of stimulants, and under their administration the heart's action increased in force and frequency, and the patient did well.

3. *The state of the nervous system exercises a very remarkable influence upon the rate of frequency of the pulse.*—It is one of the features of the hysterical diathesis, that the pulse, always quick, becomes accelerated under the slightest disturbance, physical or mental. Cerebral lesion sometimes causes a very depressed state of pulse; as, for example, inflammation of the brain, vomiting, pain in the head, and sluggishness of pulse, are symptoms which should always awaken the anxiety of the practitioner, as regards the state of the brain. In many instances of injury to the head, concussion, fracture with depression, the pulse becomes notably retarded until the compression of the brain has been removed. So also in many cases of apoplexy, the pulse is sluggish, and the heart seems oppressed.

Of intermitting pulse.—Among the most interesting modifications of pulse, which we meet with in practice, is that which arises from impairment of the rhythm of the pulse, or what is called the *intermitting pulse*.

The most common form of intermitting pulse, is that in which the phenomenon of intermission results from the prolongation of the natural period of rest in the series of changes which constitute the heart's

rhythm. The heart's rhythm consists of a regular succession of first sound, second sound, rest,—first sound, second sound, rest,—and so on. Now in an intermittent pulse this rest is unnaturally long,—the first sound of one beat succeeds the second of the previous beat, but after too long a pause. Sometimes the intermissions are very regular, occurring after every fourth or every third beat; sometimes perfectly irregular, at one time after every one or two beats, at another every thirty or forty.

Now what are the indications of this form of intermittent pulse? Is it indicative of organic disease? I think I may state positively that an intermittent pulse of itself affords no indication of organic disease of the heart. The phenomenon of intermission is due to some disturbance of the local nervous influence, upon which, probably, the rhythmical character of the heart's action depends. Nor are we justified in pronouncing unfavorably of a patient because he has an intermittent pulse. You will meet with many persons who will tell you that they have had intermitting pulse nearly all their lives. Take a man in his ordinary health, and discharging his usual avocations,—for example, a medical student,—and suppose this intermittent pulse to be his only notable symptom, then you may set it down, without any hesitation, that there is no organic disease,—neither valvular lesion, nor any organic change in the healthy condition of the heart in any other respect.

But undoubtedly this form of intermitting pulse denotes a derangement of the heart's action of a sympathetic nature, and almost invariably in sympathy with the state of digestion. This kind of pulse is of very common occurrence in men who work hard, neglect exercise, are irregular as to meals, and sit up late at night. It is also very common, and doubtless from the same cause, in gouty men. Intermitting pulse is not uncommonly a precursor of a paroxysm of gout. Certain ingesta are very apt in some people to cause intermission of the pulse. Tea, for example, especially green tea, is one of these: ices, more particularly cream ices, will do the same. So, also, certain medicines,—as digitalis and colchicum.

Of all the causes of intermitting pulse in persons of middle age, or upwards, and in the middle or higher classes of society, I think you will find the gouty state the most common. The *materies morbi* of gout acts upon the nervous system of the heart much in the same

way as the principle of green tea or of digitalis would do, and gives rise to the disturbance which deranges the heart's rhythm : hence in the treatment of these cases, you must endeavor to purify the blood, by regulating the diet and by promoting the excretions, in such a manner as will not debilitate your patient.

I have stated that the intermittent pulse is not a necessary indication of organic disease of the heart. It is a curious fact, which is in some measure confirmatory of this remark, that of the various forms of disease to which the heart is subject, intermitting pulse is not of very frequent occurrence with any, nor is it constant to any particular form.

If there is one state of cardiac disease with which it is more frequently associated than with another, I should say it was disease of the mitral valve accompanied by weakness of the muscular fibre of the heart. But a large number of cases of mitral disease will occur without it to one with it ; and, therefore, this occasional association gives it no value as an indication. The intermittent pulse depends upon some interference with the healthy nutrition of the muscular system of the heart ; and hence you get it so frequently in bad states of the blood,—as in dyspepsia, gout, rheumatism.

You may gather, from what I have stated more than once in the preceding part of this lecture, that there is another form of intermitting pulse besides that to which I have alluded. The characteristic feature of this form is, that the intermission of the pulse does not result from the intermission of the heart's *rhythm*, but from irregularity in the *strength* of the heart's systolic contractions. The heart may never intermit, and yet the pulse may ; or, in other words, the intervals between the beats of the pulse may vary considerably in duration. This form of intermitting pulse sometimes occurs alone, sometimes simultaneously with that in which the heart's rhythm is deranged. When it occurs in the progress of an acute disease, as of fever, erysipelas, &c., it must be looked upon as a sign foreboding the worst results. I apprehend that it is this form of intermitting pulse which most commonly accompanies fatty disease of the heart ; and, on the whole, in all states of disease, both acute and chronic, it is that form from which we may augur least favorably for the patient.

Posture influences these two forms of intermittent pulse differently. The first form, or that which depends on a prolongation of the natural

period of rest in the heart's rhythm, is diminished by the erect posture, and the heart becomes more regular in its rhythm. On the other hand, the erect posture increases the number of intermissions in the second form by embarrassing the heart's action in the way which I have already described.

[In considering the means best adapted to keep down the frequency of the pulse, we may employ either direct means, acting at once upon the heart, or indirect or general means.]

Of the direct means the administration of *digitalis*, or of *opium*, is the most important. You may give *digitalis* as a diuretic, or with a view to obtain its specific action in reducing the frequency of the heart's action. Given with this latter view it must be administered with due regard to a correct diagnosis, for while it is a very valuable remedy in one case it is a dangerous one in another. I would lay it down as a rule, that in all cases where there is regurgitative valvular disease, but especially aortic, *digitalis* given in doses which will depress the heart's action is a dangerous medicine; it weakens the heart, and thereby increases the embarrassment under which it already labors; it was for this reason I would not give *digitalis* in the case of Loveland. In his case, the stream of blood flowing into the auricle meets the blood regurgitating from the ventricle, and the blood flowing into the ventricle has to encounter an obstacle from blood regurgitating into it through the aortic orifice. It will not do to depress a heart laboring under such a derangement as this; therefore the only way in which you can quiet the heart's action in such a case as this is to employ some other medicine, which operates upon the heart through its tranquilizing influence upon the nervous system, and so quiets the heart without weakening it. Now, *opium* is such a medicine, and therefore it is more generally applicable to heart affections than *digitalis*. The diuretic properties of *digitalis* may be often called into play in cases of cardiac disease; and for that purpose you may often combine it with a stimulant, as ammonia, or with some preparation of iron, so as to counteract the depressing effects. But the best combination, for a diuretic purpose, is with blue pill and squill, after a formula attributed to the late Dr. Baillie. I have seen, under the use of this combination, considerable dropsy disappear, and the heart become disembarrassed in its action in the most remarkable manner. And it would be impossible to say that the beneficial in-

fluence was due to one of the drugs more than to another: it is the combination of the three drugs which many times acts so disadvantageously.

But then there are certain other *indirect* means of acting on the heart, as purgatives, which diminish the quantity of the blood without impoverishing it; or steel, which improves the condition of the blood already poor; rest, the recumbent position, a nutritious and moderate diet, mental quiet. It is generally from the efficacy of some of these remedies, especially the three or four last, that heart cases often experienced a marked alleviation of all their symptoms on their first entering the hospital.—*Med. Gaz., in Braithwaite's Retrospect.*

ART. III.—*Effects produced upon the Stomach by Grief.* By Dr. GRAVES.

[The following cases exemplify the effects of nervous agitation first upon the functions, and afterwards upon the textures, of certain organs:]

The first case was that of a young lady, residing in Camden street, who was frightened at night by a sudden fire, which threatened to destroy the house in which she lived. During the moments of danger she got a pain in the stomach, which recurred frequently for several months, and finally was succeeded by symptoms of ulceration in that organ, from which, nevertheless, she unexpectedly recovered. Several years afterwards she died of another disease. The body was examined by Dr. Ireland and myself, when we discovered that a very large ulcer had existed in her stomach, which had afterwards healed, but which, in the first instance, was prevented from discharging the contents of the stomach into the abdominal cavity by adhesion with one of the neighboring viscera, caused by effused lymph.

The second case was that of a young and healthy lady, over whose shoulder a musket was suddenly discharged in frolic by an inebriated man. She fell down in a fit of hysteria from the fright, became subject to violent palpitations of the heart, and died in the course of some years, laboring under the effects of general dropsy, produced by heart complaint. I examined her body, and found great enlargement of the heart, and various organic changes in the valves.

I have lately seen a case analogous to this, and which exemplifies,

in a manner equally striking, the effects of the mind on the body. A grocer, of very healthy constitution and full habit, became suddenly involved in pecuniary difficulties, having, in consequence of railway speculations in 1847, lost a large sum of money, and not been able to meet his engagements. He experienced, from having been perfectly healthy, a total disappearance of appetite and a loss of sleep, which afflicted him for several weeks. His appetite he scarcely at all recovered; he became emaciated and at times feverish. But after a few months he began to feel transient pains in his stomach, together with a sensation as if something was turning or moving in it. These pains latterly became more frequent, and the progress of the disease uninterrupted, exhibiting in its course all the symptoms of organic disease of the stomach. It is now two years since it commenced, and large tumors are to be felt in the neighborhood around the pyloric orifice of the organ. The tumors are hard and scirrhus; he is emaciated to the last degree, and his case is evidently hopeless. *Dublin Quar. Journal, Feb. 1851, in Braithwaite's Retrospect.*

SURGERY.

ART. IV.—*Practical Rules on the Suppression of Arterial Hemorrhage.* By PROFESSOR SYME.

In the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the ankle, is always under the control of pressure, provided it be properly employed,—that is, not superficially, but from lint, or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in wounds of all arteries, accessible between the limits just mentioned and the heart, the vessel should be exposed at the seat of injury, and tied on both sides of the wound it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose ‘Principles of Surgery’ you will find many graphic

and impressive lessons of the effects resulting from attention to it, and also from its regard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton to carry me across the Firth to Burntisland, where a special train would be ready to proceed onwards, but whither, or for what purpose, there was no information. Having traveled a considerable distance, I met several practitioners, of great experience and intelligence, who were suffering much anxiety in regard to a youth, in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hemorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles, between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to have a consultation as to the most efficient measure of relief, even though it might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle above mentioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued, but arresting this with my thumb, pressure being at the same time made upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed, and tied on both sides of an aperture distinctly visible in its coats. In less time than I have taken to describe the process, the patient was thus transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had escaped the deep dissection.

The fourth rule I have to offer is, that when an aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned be of a large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantage resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral further up the arm.

To illustrate the exception mentioned, I may relate the case of a young man who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence, but was restrained by a compress, formed of eight half-crowns, wrapped in a piece of cloth. The wound healed, and an aneurism soon afterwards appearing, he was sent here to my care. Respect for the general principle, and suspicion from the purring sound, that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation, as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it, with the happiest result.

The following case will show the danger of not strictly limiting exceptions to the rule within the limits which have been mentioned. A middle aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife, with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed from both openings, but when she was laid in bed ceased, and did not return. At the end of a fortnight, the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large pulsating tumor in the forepart of the leg, immediately below the knee, and another of equal size in the popliteal cavity.

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation, the tumors ceased to pulsate, and favorable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, and applied firm pressure between the tibia and fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have

been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Med. Science.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Operative Surgery, based on Normal and Pathological Anatomy.

By J. F. MALGAIGNE, Professor Agregé de la Faculté de Médecine de Paris, etc. etc. Translated from the French, by FREDERICK BRITTON, A.B., M.D., &c. &c. Illustrated by wood engravings. 8vo. pp. 565. Philadelphia: Blanchard & Lea. 1851.

Although the work above announced has been for more than ten years familiar to the European profession, it has never been translated into the English language until quite recently. This is a matter of surprise, since, from the wide-spread reputation of the author and the scientific and authentic character of the work, it has been translated into no less than five European languages.

To afford the reader a general idea of the plan of the work, we might state, that it is divided into three grand divisions or parts. After the preface, which gives a concise historical notice of operative Surgery, we have, at the head of Part I, General Elements of Operations, or elementary operations; which include incisions, dissections, caustics, means of preventing hemorrhage, &c. &c. Part II, illustrates the operations, &c., which come, first, under the head of Minor Surgery; then such as operations on the skin, teeth, abscesses, tumors; autoplasy on the veins, arteries, articulations, with many that cannot be enumerated. This part closes with amputations.

Part III, takes up special operations, and describes all those usually performed on the eye and its appendages; on the ear, nose, mouth, throat, air-passages, thorax, abdomen, rectum, and genito-urinary organs, both in the male and female. The arrangement of the subjects is exceedingly systematic, and the descriptions of the

methods and various procedures, clear, concise, and complete. In a word, the work is, within reasonable and *readable* limits, a complete cyclopædia of operative surgery. We regret to say, we have a single objection to it; and even *ours* may not be an objection in the eyes of another living surgeon—it *may* be to him a decided merit. But we do dislike the habit into which all French writers fall, that of describing, in operative surgery, the *method* of every man that ever lived and figured in this department of our profession. Life is too short and time too precious, to be encumbered with the reading descriptions of an endless variety of impracticable operations that never did succeed, and, from the nature of things, never can. As an illustration of this peculiarity in French operative surgery, we would point the reader to the treatment of fistula lachrymalis, in the work before us, where there is no less than *fifteen different methods* particularly described. Such a multiplicity of operations tends to *lumber* the mind and confuse the memory of the student, who is obliged to wade through such a chaos of nonsense to secure a few valuable directions.

For the author, M. Malgaigne, we indulge an exalted opinion. From personal observation, we know him to be one of the ablest surgeons of Paris. He is learned, bold, and indefatigable. He is a man of genius. Although not loved by his professional brethren, by his talents and surgical exploits, he makes himself feared and respected. He is abundantly competent to produce a work on operative surgery, which shall be a standard authority for many years to come. He has done it. The work is before us, and, in terms of high commendation, we ask for it a cordial reception.

Sold by Huntington & Mac Intire.

The Elements of Materia Medica and Therapeutics. By JONATHAN PEREIRA, M.D., F. R. S. & L. S. Third American Edition, enlarged and improved by the Author; including Notices of most of the Medicinal Substances in use in the civilized world. Edited by JOSEPH CARSON, M.D., Professor of Materia Medica, &c. in the University of Pennsylvania, &c. &c. Vol. I. 8vo. pp. 838. Philadelphia: Lea & Blanchard. 1852.

The medical profession throughout our country will rejoice to see an announcement of the above work. We are confident that we give

utterance to no more than public sentiment when we say, that there is none in the English language, in that department of medical science of which it treats, that can bear a comparison to Pereira's *Materia Medica and Therapeutics*. Like its able and justly celebrated author, the work is *solid, authentic, scientific, and complete*. American physicians have been, and are still, much in the habit of relying upon Wood and Bache's *U. S. Dispensatory*, as the only book of reference on *Materia Medica and Therapeutics*. Although, as a *Dispensatory*, it is a truly national work, and deserves, as such, high commendation; yet, it has its defects and blemishes, and, as far as therapeutics is concerned, it is, to say the least, inferior to its reputation.

Dr. Pereira states, in his preface to this third American edition, that he has "embodied all recent discoveries of importance which relate to the subjects treated of in this work." He "trusts, therefore, that his professional brethren in America will find this edition superior to its predecessor, and more deserving of their approbation." Every ambitious physician, who is determined to be up with the improvements of the day, will add this work to his library.

For sale by Huntington & Mac Intire.

Outlines of Chemistry. For the use of Students. By WILLIAM GREGORY, M.D., Professor of Chemistry in the University of Edinburgh. First American from the second London edition, revised, corrected, and enlarged. By J. MILTON SANDERS, M.D., LL.D., Professor of Chemistry, &c. in the Eclectic Medical Institute of Cincinnati. 12mo. pp. 614. Cincinnati: H. W. Derby & Co. 1851.

We doubt not that this is a good work; it is certainly from the pen of an able and well known chemist. Our want of familiarity with the details of this science, forbids our speaking particularly as to its merits, but we believe it to be a safe guide to the student in the study of chemistry. There are, however, four great subjects, usually treated of in other similar works, which are entirely omitted in that of Dr. Gregory. These are, Heat, Light, Electricity, and Magnetism, or what are denominated Imponderables. This omission is, probably, not a defect. Their consideration belongs more especially to the department of Natural Philosophy, and should come under the head of Physics.

The American Editor informs us, in his preface, that "he has willingly undertaken to edit the work, at the flattering request of Prof. Gregory, and has added such notes as the late progress of the science requires." Now we are of the opinion, though we may be mistaken, that if said Professor Gregory had known that J. Milton Sanders, M.D., LL.D., were a professor of chemistry in "the Eclectic Medical Institute of Cincinnati," a Quack School of the most notorious and offensive character, he would not have made this "flattering request," notwithstanding his extraordinary titles. We would not say, that Dr. Gregory's work has fallen into bad hands, (whether bad or good, however, the editor's hands have had but little to do with its enlargement,) for we know nothing personally of the American editor, but we *do* say, that it has fallen into the hands of a man who is in bad company; and so long as the maxim, "a man is known by the company he keeps," is recognized and observed by the world, we fear the work, and the reputation of its author, will suffer from the position of its American literary usher. Nevertheless, for its own sake, we commend the work to students of chemistry.

Medical Lexicon. A Dictionary of Medical Science: Containing a concise explanation of the various subjects and terms of Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Obstetrics, Medical Jurisprudence, &c., with the French and other Synonymes; notices of climate and of celebrated Mineral Waters; Formulæ for various officinal, empirical, and dietetic Preparations, etc. By ROBLAY DUNGLISON, M.D., Professor of the Institutes of Medicine, etc. in Jefferson Medical College, Philadelphia. Eighth edition, revised and greatly enlarged. 8vo. pp. 927. Philadelphia: Blanchard & Lea. 1851.

It is unnecessary to say any thing to the medical profession in commendation of the above work. We know of no man better qualified to prepare a Medical Dictionary than Prof. Dunglison. It is not a matter of surprise, then, that his Dictionary should be what it really is, the best one in the English language. It comes from the teeming press of Blanchard & Lea, who seldom publish inferior works, and never superior works in an inferior manner, and may be found at the Book Store of Huntington & Mac Intire.

The Pocket Formulary, and Synopsis of the British and Foreign Pharmacopœias: Comprising standard and approved Formulæ for the Preparations and Compounds employed in Medical Practice. By HENRY BEASLEY. First American from the last London edition, corrected, improved, and enlarged. 12mo. pp. 443. Philadelphia: Lindsay & Blakiston. 1852.

From the examination we have given this work, we feel justified in recommending it as one of the most complete Formularies in the English language. It is much more convenient and extensive than that contained in the Dispensatory of the United States. The physician who compounds his own medicines, and the druggist, will find it of very essential service in the execution of pharmaceutical preparations. It is published by Lindsay & Blakiston, and sold by Huntington & Mac Intire.

Lectures on Scarlet Fever. By CASPAR MORRIS, M.D., &c. &c. Svo. pp. 104. Philadelphia: Lindsay & Blakiston. 1851.

The above lectures were originally published in the Medical Examiner, and have been read with a high degree of interest by the readers of that Journal. We are happy to see them placed in the hands of the profession in a more permanent form. Dr. Morris, the author, is one of the most intelligent and respectable physicians of Philadelphia. Having been engaged in an extensive practice for twenty-five years, connected most of the time with several extensive charities, and withal an elegant writer, he is abundantly competent to write an interesting and authoritative work upon this disease. Prevalent and fatal as this affection frequently is, sweeping off a large number of the most interesting portion of our population, such a work as the one before us is *needed*, and we bespeak for it a wide circulation.

For sale by Huntington & Mac Intire.

Braithwaite's Retrospect of Medicine and Surgery.—Part XXIII of this invaluable *Resume'* is before us. To the physician and surgeon, who design to practice their profession scientifically and upon the most approved principles, and who intend to take advantage of

the latest and most valuable improvements, this work is a desideratum. It has an extensive circulation, and is patronized by the leading members of our profession in both hemispheres.

Messrs. Stringer & Townsend, of New York, the new publishers and proprietors, in conjunction with the editor, are making still greater improvements in the work. It is enlarged and improved in its paper and mechanical execution. They advertise back numbers at reduced prices; and for two dollars a year, they propose to send the "Retrospect," free of postage. Its merits are so generally known, that it is quite useless to say more in its praise.

PART FIFTH.

EDITORIAL AND MISCELLANY.

"HINTS TO THE PEOPLE UPON THE PROFESSION OF MEDICINE."—We have just completed the perusal of a little book, of sixty-seven pages, with the foregoing title, written by Wm. Maxwell Wood, M. D., Surgeon of the United States Navy, and published by Geo. H. Derby & Co. of Buffalo. It is desired and intended that this little work shall be widely circulated, both in and out of the profession, and that its contents shall exert a salutary influence, particularly upon the mind of the non-professional reader. With this object in view, the author has couched it in popular style, and we are requested to give it such a notice as its merits demand.

We know not when we have read a work of more thrilling interest. In calling the attention of our readers to it, we might, with propriety, say that the great subjects discussed, are the condition, the objects and the labors of the medical profession;—the existence of Quackery, its causes, evil tendencies, and its remedy. These subjects embrace a wide field and afford ample scope for the elaboration of an immense volume, but such is the power of the author's language and the conciseness of his style, that he has brought them all vividly before the mind within a small compass, by facts and arguments that *tell* upon every page. We do not remember to have read from the

pen of any devotee, so beautiful a tribute to the medical profession as will be found commencing on the sixth page. Adverting to what the profession has done and is doing, the author says of the educated physician, that "he sees it in the various divisions, and vast arrangements spread out over the civilized world, and acting with all the power which can be derived from an aggregation of the highest order of intellect, disciplined and strengthened to the utmost for its work. In every one of the various departments of his profession, the medical student sees, not one only, but a collection of names designating individuals whose mental power demands the admiration of all who can appreciate their labors,—labors to which nothing short of the greatest intellectual strength is adequate. Follow, then, the eye of this student, as it sweeps over the cities of his own country, of England, France, Germany, Egypt, Prussia, and Turkey, and see with him the several divisions of the profession, studying man in health and disease, from the microscopic elementary atom of each organ, up to his full development and arrangement in families, tribes, and nations.

"Medical chemists, day and night, amid the machinery of their laboratories, are hunting nature in her hidden recesses, and exposing the principles and laws of combination. Medical microscopists are finding beauty of form and structure, where the naked eye sees not at all, or sees only a confused speck, and they are developing systems as wonderful in their minuteness, as that of astronomy in its magnitude. The anatomist, the physiologist, the pathologist, concentrating all their powers and observations upon the various subdivisions of these extensive sciences; the medical statistician, estimating the influence upon health and life of social and political conditions; of occupations; of population; of concentration in towns or diffusion in the country; the medical psychologist, studying the health and morbid manifestations of mind. Look, too, over distant parts of the globe, and see the medical corps of armies and navies adding to the common stock, their observations upon climates, the habits, diseases and remedies of different nations. Specially devoted to such observations and inquiries is the medical traveler, of whom the stationary practitioner may say, he

" 'Sucks intelligence in every clime,
And spreads the honey of his deep research
At his return—a rich repast for me.' "

Alluding to the literature of the profession, he says:—

"All these various fountains of knowledge are irrigating the whole

profession by the channels of the medical press, and bearing to its humblest and most remote member whatever of fact, truth, and wisdom has been found worth the freighting. In the various modern languages we have, going forth, periodicals upon the profession in general, or upon branches of it. Most of these journals are in charge of men of eminent literary and professional ability, and any one number of either of the leading journals presents a specimen of intellectual ability of which not the profession only, but human nature may well be proud. Opening by chance one now lying on the table, we find thirty-two periodicals—English, French, German, American, on its exchange list for the quarter. To present an idea of the scope of such journals, we find a single chance number to contain thirteen analytical and critical reviews of works in German, French, Italian, and English, the works being generally by the most distinguished medical authors of their respective countries. Then, besides medical reports, memoirs, and cases, we have, in the same number, fifteen bibliographical notices of works upon chemistry, diseases, anatomy, social problems, and natural theology; each notice being an interesting synopsis of the work.

“Could all see the profession of medicine even in the dim and feeble light by which we have endeavored to show its broad and comprehensive operations, the mind which could charge upon such a profession limited, selfish, and interested motives, opposed to truth, would only manifest its own incompetency to understand the nature and tendency of mental action.”

Again, respecting its contributions to other sciences, he truthfully declares that, “whilst the profession of medicine is thus working in the main business of its vocation, it casts rich contributions upon subordinate and collateral sciences. To these sciences and their contributions the popular mind gives its admiration, and does not see that they are but chance jewels dug up on the way to the great mine. Look at Comparative Anatomy and Chemistry, Botany and Zoology, Geology and Mineralogy, and, in the words of a distinguished medical writer, ‘strip these sciences of what has been contributed to them by physicians, or by those who have had the discipline of a medical education, and a chasm is left which it would be difficult to fill.’ ”

In hot pursuit as the world is, after the various dogmas in theory and exclusive systems in the practice of medicine, nothing can be more opportune, and at the same time nothing more forcible, than the author's remarks upon systems in medicine.

“The word ‘system,’” he says, “as applied to any medical dogma, theory, or scheme, on the one hand, and to the science of medicine on the other, naturally suggests the idea that the science of medicine is limited to some other and opposing dogma, or theory, to maintain which all its energies are directed. Hence, the advocates of any peculiar dogma are fond of using the terms—new system and old system—new school and old school—and by the acknowledgment of such distinctions, a whole train of error is founded. From what has already been said, the impropriety of such an application of terms, it is thought, must be apparent. A science which seeks for truth cannot be limited by any system, but must pick up truth how and where it can; hence, that of medicine, in its very nature, repudiates systems.

“‘In the present state of medical science, we feel well assured that the only true system is the absence of all systems. No premature attempt to generalize can have more than a temporary success. Be it ours to seek for light wherever it shall break in; to amass knowledge, even if we have to pick it from the mire; to draw wisdom from the errors and follies of our rivals, without disdaining to profit by their success;’ and then, ‘other systems will pass away, ours will be permanent; nourished, indeed, to some extent, by the very elements which come from their decay, as the eternal oak flourishes and grows green for ages from the decomposition of the transient vegetation, of which generations are springing up and perishing around it.’”

“Many of the theories and systems in medicine have been splendid monuments of the power and wealth of the human mind; but as the rich materials of their creation lie scattered in ruin, they emblem the fallibility of the most exalted human intellect, and show that no genius can dare to leave the foundation of fact and truth, and yet hope to erect a firm and enduring structure. The science of medicine sits in judgment upon them all, and examines the claim of each in calm and philosophic impartiality, but refuses to any the privilege of fastening its link upon the chain of established law, until it presents that link in all the unyielding firmness and crystal transparency of truth.

“The science of medicine, then, by its very nature, by the principles which govern the human mind, by every stimulus of interest and ambition, can limit itself to nothing short of attainable truth, and it cannot be limited by, or bound to any system. In the science of

medicine there can be no 'old school' or 'new school,' and the use of such terms creates a false impression, and misleads the popular judgment in regard to any scheme or pretension which aspires to independence of the profession of medicine." * * * "If any system or scheme sets itself above that professional investigation which is bound to seek for truth, and claims to be a new school or system, the claim and the pretension are alone proof that it is not true. If it contains any grain of truth, according to the laws which mind must obey, that single grain must be found and added to the store of general medical science. It is no argument to say that any 'new school' system or sect has its colleges, hospitals, and journals, independent of general medicine. If such is the case, it only proves that the disciples of such an arrangement have shut themselves within a narrow circle, and prohibited themselves from the broad search for truth, wherever it may be found; they have bound themselves to a one-man dogma, to a system, and not to a science. As well might theology be taught by schools of Swedenborgianism and Mormonism; and if they become schools of general science and theology, they cease, of course, to be a sect."

We regret we have not space to quote more at length from this portion of the work, wherein the author most clearly shows the impropriety and ridiculousness of receiving any new system, because many persons sustaining a respectable position in society have adopted it. He summarily disposes of those persons in the higher walks of life, who lend their influence to the support of empiricism, in the following language:

"When any individual, representing a respectable station in society, is asked to give his name to the support of quackery, or novel and peculiar systems, let him remember that while he may be flattered by his importance in the eyes of charlatans, quacks, and pretenders, science smiles in pity and contempt, to see him registering his name among the long list of those who have certified to their own ignorance, vanity and folly."

The author next devotes a few pages to the consideration of medical delusions, and shows that those so prevalent and successful at the present day, have parallels in the past. That the notoriety of Mantacino, about whom "all France was once mad;" that Cagliostro, who succeeded in deluding and drawing Queens and Princes, and nearly the whole continent of Europe, after him; that Mrs. Mopps, or "Crazy Sally," who "ruled the popular mind of England, patri-

cian and plebeian"—were as notorious, and were received and patronized with as much eclat and enthusiasm, as are Messrs. Samuel Thompson, Hahnemann, and Preisnitz.

The proverb, "Doctors differ," is taken up and discussed upon philosophical principles; but we have not space to quote nor enlarge upon this point. And here, with a general and impressive commendation of the work before us to the favorable consideration of the profession and the people, we should be glad to lay down our pen. *We cannot do this with an approving conscience.* The perusal of the work, up to the fortieth page, has afforded us unmitigated pleasure and delight. To us it has proved a rich intellectual repast. It abounds in arguments, logical, clear, and cogent. He who reads thus far, it matters not to what profession he belongs, can but see, in his mind's eye, the profession of medicine, like the king of day, ascending the eastern skies, rising higher and higher, and still higher in the firmament of letters, and taking a lofty position among the imperishable instrumentalities, originally the gift of God, for the relief of suffering humanity and the exaltation of man's physical and moral condition. We said it afforded us a rich intellectual repast, and so it did; but, as the *cuisiniere* places delicately prepared dishes of arsenic, corrosive sublimate and henbane among the viands, smoking vegetables and sweet-meats, under which the table groans; so the author has mingled with his convincing arguments and richly-deserved panegyrics, *falsehood* and *slander*.

The first objectionable feature of this work is found in the author's denunciations of the medical colleges of our country. He says:—"There are medical schools in the north, the south, the east, and the west, and every year sees these schools sending forth crowds of young men certified as being qualified, 'learned and skillful' in the art of healing, and this after a term of study too short to acquire thoroughly any one of the sciences, which, in the aggregate, make up the profession of medicine." * * * "Of course so long as the granting of diplomas is a mere trade, and medical schools are but shops for their sale, the multiplicity of these shops begets a competition which lowers the terms and standard so as to attract the greater number of customers; and those who should be the guardians of the profession of medicine, send forth such representatives of it, as lead to the erroneous popular opinions of the nature of the science itself."

Are these facts? Are medical colleges mere "shops" for the sale of diplomas, and the "granting of them a mere trade?" Do they

send forth annually "crowds of young men," certified to as "learned and skillful," and at the same time incompetent to discharge the duties of the profession, and a disgrace to it? It may be said, we are *interested* in defending medical colleges. Be it so. Our interest in a medical college, and our acquaintance with its economy and concerns, have afforded us opportunities to know that the author's statements in regard to them are *false*. There *may* be medical colleges which are obnoxious to this imputation; and all of them, perhaps, confer the honors of the doctorate, *occasionally*, upon an undeserving candidate. These, however, are exceptions to the general rule. To say that the courses of instruction in our colleges are as thorough as circumstances will permit, and their exactions of candidates as rigorous as the profession generally would justify, is saying no more than the truth, and what every candid, well-informed gentleman knows to be such. True, there is a rivalry between colleges, and each is desirous to secure as large a class as possible, since this is the source of its support and the measure of its success. But as a general rule, we *deny* that any but honorable means are resorted to for their successful support. We declare without fear of successful contradiction from professors or laymen, that the faculty of every college in the land bases its claims to patronage upon its thorough teachings and substantial advantages. Each school is adding annually to its means of illustration, and each professor is vying with his compeers and competitors, to become more useful to the profession and more acceptable as a teacher. We go further, and declare that their claims are well founded, and that professional teaching is annually becoming *more thorough, more practical, and more scientific*, and that, consequently, the standard of medical education in the U. States is steadily moving onward and upward.

The next point deserving of criticism, and to which we would invite the attention of the reader, is that relating to the ignorance of the candidates for the medical profession, and of those who have recently received its honors. We cannot quote all the author's denunciations and insinuations on this subject, but will make one, as a text, about which there is no ambiguity of meaning. He remarks, on page 42, that "almost every country neighborhood sees some young man too sickly, too lazy, or perhaps too stupid to learn a mechanical pursuit, go off to study medicine, provided that, for two or three winters, he, or his friends can raise a few hundred dollars; and at the end of this time he comes back a qualified doctor, with a

diploma in his pocket. Every one knows that he was entirely deficient in that preliminary education which is the key to professional knowledge: The people soon learn to feel as much respect for the spontaneous quack of the neighborhood, as for him of college growth, or perhaps the natural shrewdness and intelligence of the former give him an advantage."

Now the author, with a retinue of Homœopathists, Hydropathists, Thompsonians, and an army of men who are ever ready to denounce the regular profession *in toto*, may chuckle over this, swing their hats, and cry, *vive* Dr. Wood; but we take the liberty to pronounce this quotation an infamous libel upon that class of young men who are about to enter, and those who have just entered the medical profession. Let us look at this a moment. We suppose there are *about* three thousand medical students in the United States. Possibly more, perhaps less. It is quite difficult perhaps to determine how many neighborhoods there are within the same boundaries; but as our learned author did not give dimensions, we will suppose that there are at least 15,000—probably four times that number, according to the popular understanding of the term employed in this manner; suppose every medical student were an *ignoramus*, would the author's declaration be true? But this is not a supposable case. We admit that there are those who are "entirely deficient in preliminary education," and that they are neither creditable candidates for our profession, nor would they be such for any other profession or avocation. They are a disgrace to our holy calling, and weigh like a millstone about its neck; but are there not dolts, and drones, and vagabonds, in every profession?—Can Divinity, Law, or Politics, boast an exemption from them? We think not. But what are the facts?—Medical students, with few exceptions, are not obnoxious to this foul imputation. *A vast majority of them are young men of talents, of moral character, and of competent education.* They are men of professional ambition, of studious habits, and they realize in a praiseworthy degree, their solemn professional responsibilities. Their advantages are more numerous and ample, and their education is more thorough than ours—the older members of the profession—were twenty years since. They are qualifying themselves not only to take our places, when we are superannuated or slumbering in our graves, but to carry the standard of education higher, and to accomplish *more good* than we, their boasting fathers and predecessors, have ever done. In support of these declarations, we ask the reader

to go back and read—on page 251—again the author's truthful remarks on the condition and literature of our profession. How is it possible that such contradictions should flow from the same pen? In one paragraph, the medical profession is represented as one of the brightest ornaments of the human race. Like the fertilizing stream, dancing down the mountain sides, and flowing noiselessly along through its verdant and tortuous valley, it imparts moisture to vegetation, a beverage to the toil-worn and thirsty traveler, and enchantment to the landscape. So medical science, through its indefatigable devotees, enriches every other department of knowledge, while it bears a healing balm to fellow-mortals tortured by disease. In the next paragraph, we have :—"Almost every country neighborhood sees some young man, too sickly, too lazy, or perhaps too stupid to learn a mechanical pursuit, go off to study medicine, provided that, for two or three winters, he, or his friends can raise a few hundred dollars, and at the end of this time he comes back a qualified doctor, with a diploma in his pocket!!" These are now the materials of which our profession is composed!!!

The next and last statement of the author, to which we demur, is one which refers to the consequences of the ignorance above adverted to. He says :

"For all this ignorance, misconception and error, a fearful retribution is visited upon the community. It pays the penalty of half its life, and consequently half its usefulness and happiness. With all the elements of health and long life in our country, statistics lead to the fearful conclusion that our average length of life is but little, if any more than half that enjoyed by overcrowded, overworked, vicious, and half-starved Europe. There, some care is taken that those to whom is entrusted the health and lives of the people, shall be qualified for their duties by suitable education."

This quotation involves a question of fact which is worthy of our regard. Is it true that "our average length of life in America is little, if at all, more than half that enjoyed by overcrowded, overworked, vicious, and half-starved Europe?" If this be true, it becomes us to inquire whether the causes are attributable to professional ignorance, quackery, and mal-practice. The comparative vital statistics of Europe and America we do not pretend fully to know, but it is our belief that the author, in *this* statement, is quite as wide of the truth as in the others, wherein he has been so exceedingly unfortunate. We can now give but one authority on this subject,

and that is the renowned Kossuth. In his great speech at Manchester, England, on the 12th of November last, Kossuth states that the average length of life in Russia, according to official reports, is twenty-five years. This statement, he says, is not true. The *truth* is so revolting, that the government pertinaciously conceals it. He declares that the *real* average length of life in Russia is but *eighteen years!!* The average length of life in England is forty-six years. In New England, it is forty-six years; in the Western States of America the average length of life is thirty-five years! Now, between Dr. Wood and Kossuth, we will not pretend to decide; but from what we *know*, we are inclined to believe Kossuth is pretty nearly, and perhaps exactly, correct. Laying aside the terrible havoc upon human life produced by the American profession, whose ranks are kept full by those who are "too sickly, too lazy, or too stupid to learn a mechanical pursuit," we have no hesitation in saying, that nearly all the circumstances influencing the health of Americans and Europeans, are decidedly in favor of greater longevity in the latter. Europe possesses a mild, equable, and salubrious climate. Atmospheric vicissitudes are few; the thermometrical and barometrical changes are far from being frequent or excessive. The whole continent, as well as England, is under the highest state of cultivation—sewerage and drainage being so extensive and complete, that there is scarcely a locality from which emanate miasmatic exhalations. The most rigorous sanitary regulations prevail in town and country everywhere, and the doors of ten thousand charities are ever open to receive the destitute and sick poor. Is this the case in our country? Almost the opposite prevails. We have every possible variation of climate. *Vicissitude* is characteristic of every season. The winters of New England are as rigorous as those of the polar regions, and their summers are characterized by intense heat. These extremes prove exciting causes of the most alarming pulmonary affections, from the highest grades of acute inflammation to those wherein tubercular deposit fatally invades the citadel of life. In the great valley of the Mississippi, in addition to these vicissitudes, we have from the surface of our fertile country constant and abundant miasmatic exhalations, that, inhaled and received into the system, poison the blood, derange the secretions, impair the vigor of the constitution, and generate a retinue of diseases, whose prevalence and malignity are known only to the western emigrant and him who is called upon to treat them. Besides these, our people very generally live in in-

convenient, uncomfortable and badly ventilated houses. Their clothing is frequently anything but suitable to their necessities, and food is variable in quality, and often taken in quantities quite regardless of the wants of the system or the powers of digestion. We might, had we space, enumerate a great variety of circumstances and morbid agents, which extensively prevail in our country, that tend most powerfully to reduce the average length of life of the American people. We think we have said enough to prove, 1st, That life is nearly or quite as long in America as in Europe; 2d, That if that of the former falls in the least below that of the latter, (which we seriously doubt,) the causes are climatic and such as are connected with imperfect domestic economy, and, necessarily, irregular habits.

Respecting the comparative skill possessed and exercised by the European and American profession, we have no definite facts by which to determine. It is true that medical education is conducted more systematically, medical pupilage embraces a longer period, and the *curriculum* of studies, perhaps, is more ample in Europe than in our own country; besides, preliminary education is more thorough. But a grave question arises here, and one not to be contemptuously set aside; in the profession at large where do we find the best practitioners of medicine and surgery? From our own observation, and from the testimony of eminent professional gentlemen who have spent much time in foreign countries, we have come deliberately to the conclusion that American physicians and surgeons are, on the whole, *better practitioners than their brethren across the Atlantic*. They are more energetic, have more self-reliance, and treat their patients more successfully, because their treatment is based upon the great principles of medical science, wrought out frequently alone, book in hand, by the bedside of their own patients, under the influence of the highest possible stimuli. It is thought by many, that because American pupilage embraces but three years and European five years, our graduates are not as thoroughly qualified as theirs. If any one feels curious to know the facts respecting regulations of this kind and the rigidity of European exactions, let them read the following, from the pen of Prof. C. A. Lee, than whom there is not a higher authority:

“Now, while all our schools require at least three years’ study under a private instructor, in many European universities no rule, as to private pupilage, exists. The candidate is required to have attended certain courses of lectures a prescribed number of times.—

After this, he may subject himself to an examination, and if found competent, he receives a diploma. The same rule prevails at the Royal College of Surgeons; although the Society of Apothecaries of London, demand that the student shall have served an apprenticeship with an apothecary for five years, as well as have attended a certain number of courses of medicine before examination. Besides making pills and compounding medicines, *the apprentice is expected to perform the duties of hostler, and any other menial duties which the 'master' may choose to prescribe*; and Dr. Dunglison says that a *'youth of ordinary abilities is capable of attaining every thing taught him, in this long apprenticeship, in a single year, well spent.'* —(Med. Student, p. 59.) We profess to have some knowledge of the state of medical education abroad, and we fully agree with the author of last year's Report, 'that our own physicians, graduates of almost any of our medical colleges, are fully equal, and in many respects far superior, to the general practitioners of England.' "

Is the reader satisfied as to the practical qualifications of the members of our profession, with the testimony before him? If not, we know not what will satisfy him, unless it be to go abroad and observe for himself.

Finally, we ask the attention of our readers to one thing more. We would not trespass further, but that we expect, as we hope and trust, this little work will fall into the hands of ten thousands of our brethren. Many will inquire, who is Dr. Wm. Maxwell Wood, the author of this work? He is said to be a surgeon of the U. S. Navy, and author of "Sketches of South America," "Polynesia," etc. Although he occupies an honorable position, this is not sufficient to authenticate his statements. Do not be alarmed, dear friends, for Dr. Wood's authenticity; he is well backed. Look into our collection of advertisements, and you will there find the names of Professors Austin Flint, Frank H. Hamilton, Chas. A. Lee, and Geo. Hadley, who tell us that "it is a sound, well written essay, setting forth the truth clearly and plainly, addressing itself to reason and common sense. More particularly do we recommend, that members of the Profession purchase the same in quantities for distribution in the communities where they severally reside, as in our opinion, the cogent arguments therein advanced will go far towards counteracting the influence and staying the progress of Quackery in all its forms."

After pointing out the outrages which the author of this essay has inflicted upon the profession generally, and upon medical colleges,

their graduates and students in particular, and after showing that his statements respecting the comparative length of life in Europe and America, were violations of truth, we need not say that we were astonished to find these distinguished names in this connexion! Are Professors Flint, Hamilton, Lee and Hadley prepared to defend the assertion, that "medical colleges are but shops for the sale of diplomas," and that "the granting of them is a mere trade?" Do they believe that the graduates sent out from these colleges are mostly "too sickly, too lazy, or perhaps too stupid, to learn any mechanical pursuit?" Is it a fact, gentlemen, that "the average length of life in America is little, if at all, more than half that enjoyed in overcrowded, overworked, vicious, half-starved Europe?" and that this early mortality is due to inexcusable ignorance and mal-practice? If you fully believe these statements, you are consistent in the endorsement you have given to this extraordinary essay. But unless you make your own college an exception to the rule, and prove that it, alone, is not obnoxious to these imputations, we have only to infer and lament the deplorable condition of your Institution, whose reputation you have done so much to build up and sustain.

We are of the opinion that, if generally read by the people, those portions of the essay to which we take exceptions, will do more to abase and undermine their esteem and respect for the medical profession, than all that Quackery, and the vile, unmasked contemners of our noble calling, can do in half a century. If we do not respect ourselves, who will respect us? If our champions denounce the regular practitioners of medicine and surgery as *ignoramuses*, *knaves* and *fools*, what can the world do but despise us?

We hope, now, that the essay of Dr. Wood will be purchased and read. Possibly we have done the author injustice; if so, we are prepared to make the *amende honorable*. There is much in it that is both beautiful and true, and worth the reading; but that which is untrue, unjust to the profession and cruel, let us, to a man, discountenance and denounce.

"THE PHYSICIAN'S VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS, FOR 1852."—We desire especially to direct the attention of our readers to a little book gotten up by Lindsay & Blakiston, which is one of the most convenient things of the kind we have ever seen. It is intended exclusively for the use of physicians, and must prove of great value. Although small, a mere pocket book, and in

all its parts easily comprehended, it is not easily described. To give something of an idea of its character, we will present the table of contents, which are : "1. An Almanac ; 2. Explanations ; 3. Preface ; 4. Table of Doses ; 5. Poisons and their Antidotes ; 6. Code of Medical Ethics ; 7. Meeting of the National M. Association ;" and then we have blank leaves variously and ingeniously ruled, for "Visiting List, Memoranda, &c., &c. ; Addresses of patients and others ; Accounts asked for ; Memoranda of wants ; for Obstetric Engagements ; Vaccination Engagements ; List of things lent to patients ; Books, Instruments, &c., &c." We have always felt the need of just such a little memorandum. The author says truly, that "with it in his pocket the practitioner has always by him his list of patients, his professional engagements, and his day-book, as well as a diary or memoranda." We have no doubt if physicians knew the cheapness and value of these books, they would "go off like hot cakes." We were anxious to have "New-Years" come, that we might begin to use this little companion.

NEW YORK MEDICAL TIMES—J. G. ADAMS, M. D., *Editor and Proprietor*.—We have just received No. 3 of Vol. 1 of a Medical Journal, published in New York, with the above title. It looks very well, and really contains some excellent articles from the pens of able writers. It takes the place of the New York Register, now defunct, and is published monthly at two dollars a year, which is cheap enough, but not so cheap as ours for the amount of matter it contains. We shall be happy to exchange, but the editor will have the goodness to send us the back numbers.

A GOOD IDEA.—A subscriber writes us, if we will say to our patrons editorially, "*put your money in the mail regularly addressed, post paid, and we will run the risk,*" he will send on the *rhino*. Now if all our patrons would treat us in this way we would say it over a hundred times. We take the liberty to say now to all those indebted to our Journal, that we will run the risk of funds sent to us by mail. Of course we will, as under this good Whig administration there is no doubt about the honesty of Postmasters!! Gentlemen, you who are indebted to us, will you have the kindness to send us the amount due us, as we are not able to pay the publisher for the work he performs for your benefit. We know we are not unreasonable in this request.

EDITORIAL CORRESPONDENCE.

CASE OF EXTENSIVE AND UNUSUAL INJURY.—The following is an extract from a private letter, which we take the liberty to publish without the author's consent. The case described being unusual, singularly severe, and followed by recovery, we are confident it will form an item of interest to the profession :

“There is a case which fell into my hands since my return here, and for which I must claim your indulgence a little longer, although I fear I weary you. It is a case of rather unusual occurrence, and this of itself, ought to palliate, in some degree, the odium attached to a mistake in diagnosis. But to the case. J. L. received a very severe injury by a thrashing machine falling on him, the weight of which is said to be from 12 to 15 cwt. The entire weight did not, however, fall on him, or else the result would have been obvious. There was an oblique fracture of the left humerus, below the insertion of the deltoid, severe laceration and contusion of right thigh from its upper third to the upper third of tibia, injury of spine across the lower dorsal and upper lumbar vertebræ. The patient was taken up in a state of profound collapse and insensibility; reaction being established by the usual means, the arms put in splints, wounds dressed, &c., complete retention of urine from the reception of the injury, which lasted some two weeks, there was no fracture or dislocation of hip joint, nor any *apparent* displacement of the bones in that region, as the case was examined by three other physicians. Matters went on for four or five weeks—the wounds seemed to heal favorably, still there was a good deal of irritation about the bladder, and inability to use the right leg. The patient, however, got up, and on placing his weight on the right leg, I discovered there were fracture and dislocation of the pelvic bones. The os ilium was fractured through the acetabulum, and a complete separation of the ilium from the sacrum, as the ilium was then pushed up and backward. Now had this fracture been detected earlier, perfect rest, &c., would have been enjoined, so that union might be favored; but such not being the case, the patient was allowed to move freely as soon as able, and this doubtless prevented union of the bones, for they were in perfect coaptation, as far as external appearance was concerned, as I had an opportunity of examining the parts every day for four or five weeks, both in the recumbent and erect posture. Now the fracture was from the first moment of the injury, but the displacement only took place on

the patient's placing his weight on *that* side, (which he could not do before, he, as well as I, supposing it was owing to the injuries to the thigh, which were very extensive and alarming.) Then taking *all* the circumstances in connection, was the fracture of the ilium easy of detection or not? I mean prior to displacement of the bone; for subsequently the matter was plain as day. Recollect there were severe and extensive laceration and contusion of the thigh or leg, injury of the spine, and a broken arm, so that to say the very least, manipulation was *very* difficult. I would like to know your opinion of the case, as I can't find anything exactly analogous in the books. Another physician and myself applied Jarvis' Adjuster to the fractured bone, and *partially* reduced it, not venturing an entire reduction, as this would have involved some of the soft parts between the broken edges of the bones, and produced serious consequences. The bone was secured by a broad bandage round the pelvis several turns, then over the projecting edge of the ilium, and under the perineum, changing every few days, and enjoining strict rest. The case is now nearly well, or so that the patient can walk by the aid of crutches; there is some shortening, say one-half to three-fourths of an inch; but this can't be helped. The patient thinks I snatched him from the grave. Please reply as early as convenient, and much oblige your friend and pupil,

JOHN INGRAM.

ANSWER.—We have no hesitation in saying that the fracture of the ilium without displacement, would be detected under any circumstances, with the greatest difficulty. Being a rare injury, the attention of the physician would not be likely to be directed to it, particularly when other fractures, extensive lacerations and contusions existed, as in the case described. Our only surprise is, that the patient should recover at all, after the infliction of such an extensive and overwhelming injury.

TRANSPPOSED VISCERA.—Below we give an extract from a private letter, written by Dr. Wm. Blackstone, of Athens, Ohio, to his private pupil, now a member of Starling Medical College Class. He describes, with no reference to publication, a subject in which was discovered a transposition of the viscera. Those who are acquainted with the professional eminence and high character of Dr. Blackstone, will need no assurances from us respecting the correctness of his sion, a most complete and beautiful dried preparation, wherein there statements. We might say here, that we have in our own posses is a precisely similar transposition of the viscera. The preparation

was made several years since by our excellent friend, Dr. Carey E. Trimble, of Chillicothe, O., and was kindly placed in our keeping by himself. The preparation was noticed and described by us in the first volume of this Journal.

The Dr. remarks: "The peculiarities that I have reference to, so far as yet examined, are found in the position of the abdominal viscera. The liver is on the left side, spleen on the right, splenic end of the stomach on the right, the position of the colon is also reversed, the head occupying the left side, of course the sigmoid flexure the right. These viscera were all of natural size and appearance, and occupied their quarters in a very graceful manner. If such positions are not common, and I presume they are not, and Starling wishes a *left-handed liver*, she can have one by letting her wish be known to me. We had gone too far with our work before we discovered Dame Nature's mistake, to make a connected preparation of the viscera that would have made a good appearance. Another peculiarity has been noticed—the great pectoral muscles on each side send a small tendon *over* the arm to unite with the broadest of the back, this tendon unites with the upper and inner fourth of the muscle, (pect. maj.) Other and equally strange conformations may be discovered; if so I will let you know it.

Letter from Dr. Boerstler — Clinical Remarks on Hydronephalus, with Cases.

PROF. HOWARD—MY DEAR DOCTOR: In retrospecting my professional career, I find amongst many others, one fault which pervaded my practice, till clinical observations accumulated, through a pretty long series of years, and carefully noted and compared, enabled me to correct this error. Although I was convinced of the existence of many faults in all nosological systems, yet the facilities these afforded in classifying diseases, strongly commended themselves to my judgment, and doubtless contributed much in producing that train of thought which looked upon *inflammation*, if not the cause of, an almost inseparable attendant on fever. Much intercourse with my professional brethren, has convinced me that this error is one of the commonest in practice at the present day. The *primary phenomena of fever* are overlooked, and the *consecutive involvement of inflammation*, (which very often occurs,) is placed first in the series, and all the artillery of our art (not science, for there are those who practice it as an art alone) are directed to its extinguishment. In avoiding

Scylla, we must keep clear of Charybdis ; and like the skillful mariner, who steers his ship securely through shoals and rocks, we, as skillful physicians, must conduct our patients successfully through all dangers, into the haven of safety. Increased action of the heart, accompanied with elevated animal temperature, are the pathognomonics of fever ; and that this condition can, and does often obtain, without the presence of inflammation, will, I think, not be questioned by any sound pathologist. Yet there is a form of *fever* where the encephalon is involved, which is often but too unhappily treated as inflammatory in its character, and where copious and oft-repeated abstractions of blood are made, to the destruction of the patient. I fully appreciate the difficulties which environ the diagnosis between some inflammatory diseases of the encephalon, and those which are non-inflammatory ; but yet hope to contribute a few facts elucidative of this subject. These facts are derived from a long course of clinical observation, and are corroborated by pathological anatomy, the true ground work so essential to all correct diagnosis.

Case 1. The son of Mr. P., aged 16 months, healthy and robust, was seized in the night with a slight chill, followed with vomiting, which continued till 11 o'clock next day, when I saw the little sufferer. As no fever was present, a mild aperient course was adopted for the correction of acidity, which was evidenced by the breath. At 3 P. M. I was suddenly summoned, and found the child convulsed. A warm bath was resorted to, but as the convulsions recurred frequently, and squinting of both eyes, I decided on the abstraction of blood, from fear of inflammation of the brain, although the face was pallid. The jugular vein was opened, and three full ounces of blood taken. By morning the boy's left side was paralyzed, and at 11 next night he died. No increased heat was present till a few hours before death ; the pulse was throughout oppressed. The post mortem examination gave no traces of disease in the thorax or abdomen ; the meninges, as also the brain, were natural, the veins were turgid with blood, the arteries empty, the *lateral ventricles were greatly distended with serum*.

Case 2. In the morning I visited a little girl of Mr. E., aged 12 months, who had vomited several times during the night. As this child was delicate, and often suffered from gastric disturbances, I endeavored to quiet the mother's fears, by the assurance that a little mild medicine would soon set matters right ; however, in a few hours I was summoned to my patient, and found her convulsed, with a decided squint of the right eye inwards, and both pupils contracted to a

small point, the head was thrown backwards, and incessantly rotated from side to side. The warm bath, frictions and revulsions not preventing the recurrence of the spasms, I applied eight leeches to the temples; the bites bled freely; the flagging of the pulse, and increased coldness of surface, satisfied me that the case was lost, which 4 o'clock of the afternoon verified. Throughout, the face was pallid, and the temperature of the body below the natural standard—the head being somewhat hot. An examination was made at 9 o'clock that evening, and the only evidence of disease revealed in the three great cavities, was *extensive effusion of serum in the lateral ventricles*.

Case 3. I visited the son of Mr. N., a spare, sprightly boy, 8 years old, whose general health was good. I found him suffering from an intense and deeply seated head ache; his face was pallid, though sometimes momentarily flushed; the temperature very slightly elevated; the tongue foul, and breath offensive; the pulse slow, but of good force. I abstracted 8 ounces of blood, and gave a brisk cathartic, and ordered repose and absolute diet; in 12 hours he was convulsed, which left his right side paralyzed, and an inward squint of the left eye. The temperature of the head being still slightly above natural, I applied six leeches to the temples, and cold to the head, with a repetition of a cathartic. This boy gradually became comatose, or rather lethargic, and died in 80 hours. On examining the head, the meninges and brain were healthy, the *lateral and third ventricles were greatly distended with serum*.

Case 4. On visiting a little girl aged 12 months, I was informed that the child (an only one) had vomited six or eight times during the night, and frequently screamed, throwing its hand to the head, which was rolled from side to side. While examining the pulse, which was slow and oppressed; the face pallid, and the temperature below health; the child screamed, and a terrible convulsion followed, and continued for two hours, leaving the child lethargic, with a perceptible squint of both eyes inward. A little magnesia was given, and five drops nit. ether, with ten of comp. sp. lavend., every two hours. In the following 24 hours two more convulsions occurred; each time a warm mustard and salt bath was given, and the nitre and lavender, with a drop of tinct. opii, continued; in 48 hours slight reaction came on. The pallor of the face continuing, I ordered camphorated julep with quinine; under this treatment the child recovered.

Case 5. A little girl, stout and healthy, was visited by a medical friend, who found her suffering from deep seated headache — no

fever. He prescribed full cathartics and diaphoretics. A week after, I saw the child, and was informed that she had nightly paroxysms of fever, with rending headache; her face was pallid, both eyes squinting, and the pupils dilated to the greatest possible extent. Upon testing her vision, I found her totally incapable of distinguishing a pitcher from a spoon, or a dining plate from a table fork; larger objects, as persons, she could distinguish. She spoke with unusual rapidity, and manifested great irritability of temper; she remained in this state several weeks, with nightly fever, and intense headache. The bowels were kept free; external dermatives and internal stimulants, as quinine and infusion of cinchona serpentaria, &c., were continued, with generous diet. Under this treatment, regularly persisted in, I had the happiness of witnessing the patient's restoration to health and perfect vision.

Case 6. Miss C., aged 20, enjoying tolerable health, though suffering from dysmenorrhœa, whilst engaged in her domestic concerns, was suddenly seized with a violent convulsion, from which she soon recovered, and no medical aid was called for; two weeks after this, whilst in the midst of a throng of persons, she had a second convulsion. A medical friend saw her, and pronounced it an epileptic seizure; from the fullness of the pulse, the flushed face, and lethargic state of mind two hours after the fit, he abstracted blood freely, and gave a decided cathartic. Four days after this, I was desired to see her; she was free from fever, her face pallid, though occasionally momentarily flushed; pulse 60, soft and compressible; temperature of the head elevated; the body and extremities preternaturally cool; she complained of a deep seated headache, which was very intense in paroxysms. The foulness of the tongue, the excessive gastric breath, the torpor of the bowels, indicated free evacuations, which were had *sursum et deorsum*, without any alleviation of the intense headache, which was now more violent in the night. In a week she had another terrible convulsion, whilst I was fortunately at her bedside—this continued for 20 minutes, during which her face was pallid, and the temperature of the body and extremities depressed, though the head continued hot. The pulse, which just before this convulsion was 90, fell to 54; both eyes now had an inward squint, and the pupils enormously distended, and the vision so indistinct as not to distinguish persons. I prescribed the deut. iod. hydrg., which in two days produced a free ptialism, without any diminution of headache, or other improvement. Two more convulsions came on in the

two following weeks; no medicines could be given, on account of the very great sloughing of the fauces from the mercurial impress. As soon as she could swallow, I gave infusion of bark and turpentine with London porter, and generous diet. This course was continued for four weeks, and her improvement was gradual, and she now enjoys excellent health, with entire restoration of vision, and all disappearance of squint.

REMARKS.—In cases 1, 2 and 3, I committed the fatal error of abstracting blood, under the conviction, derived from the highest authorities, that such cases were inflammatory in their character. The post mortem examinations revealed no inflammatory action. They were, in my judgment, cases of venous congestion, and the effusion was thrown out by the capillaries, as we see in cases where the venous flow is arrested by ligature. In case 3, I believe the gastric disturbance was the *fons et origo*, and irritation was set up in the brain, and resulted in venous congestion. Cases 4 and 5 were cases of venous congestion. Profiting by the appearance in the former cases, I treated them on sound pathological principles; depletion in these, would have resulted as in the former. Case 6 I hold to belong to the same category, but complicated with disturbance in the gastric and uterine functions. The pallor of face, and depressed temperature are, in my judgment, strong diagnostic marks between inflammatory and non-inflammatory encephalic diseases.

G. W. BOERSTLER.

Lancaster, Dec. 20, 1851.

ABSCESS CONTAINING GAS.—The following history of a singular case is extracted from a letter from an esteemed friend in a distant State. It is worthy of a place upon the pages of our Journal:

ROSEVILLE, Ark., Nov. 7th, 1851.

I apprehend nothing new will be gleaned from the history of the following case. It may be interesting, as it is connected with some surgical questions of great importance. I was consulted about the 10th of October, at my office, by a gentleman who at that time complained of throbbing pain in the left lumbar region. There was much tenderness over the seat of the pain, but no swelling. He was unable to bring his left foot to the ground, when in an upright position, from the pain it occasioned in the groin and along the psoas muscle. His tongue was slightly coated with a brown fur; pulse 90; urine highly colored. I considered the symptoms were those

of acute psoas inflammation—prescribed for that disease. And accordingly I enjoined rest and the usual antiphlogistic course, with a blister to the region of pain, followed with tartarized ant. ointment. In two weeks I was sent for, and found the patient feeble, with considerable fever, and all the symptoms aggravated, my attempts to secure resolution having failed. Upon examination, the left lumbar region was perceptibly swollen, and fluctuation could be detected. The patient was anxious that something should be done, as his sufferings were severe. I proceeded to open what I considered to be an acute lumbar abscess; the patient in a sitting position. I introduced a bistoury, 4 inches from the spine, to the depth of one inch, when sanious pus began to flow, and continued until three pints were discharged. The patient being faint, I concluded to stop the discharge, and in accordance with established practice, if possible, to heal the wound by the first intention. What is worthy of remark, is the presence of a considerable quantity of gas in the cavity, which, upon pressure, would bubble out. The pus was excessively fœtid, its odor being that of sulphureted hydrogen. I closed the wound with adhesive plaster and bandage. The constitution had suffered much; I therefore prescribed tonics, with alteratives, and an opiate at night. The symptoms were not materially altered (except that the patient, being free from pain, had slept, and did not exhibit that anxious appearance consequent upon pain and vigils) at the end of 48 hours, when I removed the dressings, upon which, a greenish yellow pus, with gas, spouted forth. Half a gallon was discharged at this time, of the same character as at first, except that there was no blood mixed with it. After this I opened it once in 48 hours, by introducing a canula, with the opposite end under water, in order to prevent the admission of atmospheric air. The character of the pus improved, and its quantity gradually grew less, until, at the end of 20 days, it ceased, and my patient now seems free from disease.

The prominent circumstance in the case seems to me to be the existence of air in the cavity; and the questions at once present themselves, How did it gain admission? What are its effects? &c. In answer to the first, it may be said that there are at least four ways to account for it: 1st, by an external opening; 2d, by a communication with the intestinal canal or lungs; 3d, by spontaneous decomposition; 4th, endosmosis. The abscess was in immediate proximity with the descending colon.

The admission of air is regarded by standard authority as a very

serious accident in the treatment of large abscesses. But, from the history of this case, am I not warranted in the conclusion that air may exist in the cavity of an abscess without retarding, in any appreciable degree, the cure?

M. ADAMS.

Sinapisms to the Mammæ for Suppression of the Menses.

ED. O. M. JOURNAL.—*Sir*: With the view of calling the profession to a more close observation of the sympathies existing between distant organs, I will briefly state a case which recently came under my notice and treatment.

A young woman, 17 or 18 years of age, had begun to suffer seriously from catamenial suppression; and after the use of the ordinary means without success, my last, and successful prescription, was a repetition of the pediluvium, and sinapisms to the mammæ. The effect followed almost with telegraphic celerity, the flow following immediately upon the first impression made by the sinapisms, and quite to the astonishment of the mother; and when I intimated to her that I would communicate the case to a medical journal, she said she had been thinking herself that it *ought* to be done.

Now whether it was the sinapisms alone that produced the effect, or whether it was in part produced by previous treatment, must remain in doubt; but *I* cannot entertain a doubt, that the sinapisms were a very strong auxiliary, if not the prime cause, of so decided an effect.

I have now given the facts of the case, upon which might be based a long dissertation on sympathies, &c.; but it would be disrespectful, if not an insult to the profession, to lecture them upon the physiological sympathies existing between the mammæ and uterus. But I am not so certain but there is a great deal yet to be learned of the pathological, and, if such an expression may be used, therapeutical sympathies of those parts.

As all useful knowledge comes by observation and experience, so *this* matter must be tested. And as your Journal is designed to embody the observations and experience of the profession, (and thereby make the knowledge of all available to each,) I would *insist* that members be more ready to communicate facts, &c., falling under their own observation.

Yours, most respectfully,

O. J. PHELPS, M.D.

Piketon, O., Nov. 11th, 1851.

Occlusion of the Os Tincæ in a cæse of Labor, and successful Delivery by Incision—Also, a case of removal of sixty-five Tumors in one Operation.

[Reported, in a letter to Prof. Hamilton, by W. H. REYNALD, M.D., of Dansville.]

Three weeks ago I was sent for to visit a lady, Mrs. Goodrich of this place, in labor with her first child, of twenty-four hours' duration. When I arrived the pains were hard, frequent and pressing down. Upon examination, I could find no os uteri. I waited four hours, in hopes time might develop one, and made several minute examinations during that period of time, but each examination satisfied me there was no os nor cervix uteri. Everything was perfectly smooth where the natural opening ought to have been, and I could feel the child's head distinctly pressing down upon the soft parts. I now told the husband and ladies present the situation of the patient, and requested another physician to be called in. Dr. Hovey was sent for; and subsequently Dr. Cook saw her—all agreed that the os and cervix uteri were wanting, and that there was no natural opening for the child to pass through. Before Dr. Cook saw the patient, Dr. Hovey and myself made use of two vaginal speculums—one of gutta percha, and the other of German silver—both excellent instruments. We saw distinctly every part of the vagina—examined minutely the back, sides and upper part, and where the os uteri naturally ought to have been, here we examined with a probe introduced through the speculum, but nothing in the shape of the smallest opening could be found. Of course nothing could be done but to cut and make an artificial opening; this was done nine hours after I first saw the patient. I wound a spear-pointed bistoury within half an inch of its point, and by carrying it between my index and my middle fingers, made an incision of about two inches in length at the exact spot where I supposed the os uteri naturally ought to have been; water followed the incision. The opening dilated upon the contraction of the womb. The incision continued to dilate very much as the natural os would upon the contraction of the womb, and at the expiration of two and a half hours she was safely delivered of a healthy female child weighing nine and a half pounds. The patient has recovered without one bad symptom.

Fourteen months ago, I was desired to see a son of Mr. ——— Murray, ten years of age, of Ossian, Allegany county, eight miles

from this place. I found the boy small of stature, very pale, with a large tumor on the left side of the neck. He looked like a child with two heads, only the tumor was the largest. It occupied the whole space from the root of the ear to the acromion process of the scapula; filled up everything from the spinous processes of the cervical vertebra to the clavicle, run from the ear along the lower side of the cheek and jaw bone, to beyond the trachea on the opposite side of the neck; so that in fact it filled up and occupied a little more than the entire space on the left side of the neck, and threw the head on the opposite shoulder. I removed the entire mass, with the assistance of Doctors Endress and Patchin; we took out sixty-five distinct tumors, attached together by a cellular substance, from the size of a goose egg and larger, down to that of a marrowfat pea; they were of a fatty substance, I think. They filled a half gallon jar after their removal. The patient recovered so as to enjoy tolerably good health for eight months, when a number of small tubercles began to form around the margin of the old extirpated tumor—most were on the shoulder, some near the ear, and a few near the clavicle and spine; all were on the circumference, and none on the cicatrix. He soon after this began to complain of a pain in his left side, just below and beneath the false ribs. His father fetched him to my house; upon an examination I found a tumor of a large size under and coming out from beneath the ribs, and quite painful to the touch. I told the father I could do nothing for his son, the disease was of a malignant nature, and that he would die. He lived twelve months from the time of the operation, and died. His father sent me word at the time of his death, according to agreement; but in consequence of my being from home at the time, I did not get the information, and no post mortem examination was made, which I much regretted.

We kept our little patient fully under the influence of chloroform during the whole of the operation, which lasted nearly two hours, but full one half of the time we desisted from cutting, and applied restoratives, as the patient sunk low. You may probably think we used the chloroform too long; but we weighed the chances of the patient in our own minds, for and against the influence of chloroform on his nervous system, before the operation. We believed he would sink under the influence of the operation without the use of the chloroform, and that he could but die with its use. We decided, after mature consultation, to use the chloroform—it did, upon the whole, well—the patient had no knowledge of pain.

After the *entire mass, externally, was removed*, we discovered that a tumor of the size of a black walnut, was lying under the clavicle; this we removed without much difficulty; then another was discovered lower down, of about the same size; this I seized with two tenaculums, one in each extremity of the tumor—an assistant held them firmly and made a little pressure upwards, when, partly by dissecting, and partly with the handle of the scalpel, and partly with my fingers, I succeeded in extracting this also; but still there was another one of the same magnitude, lying yet deeper and beneath the last one—this laid below the second rib; it was also seized with two tenaculums, and firmly held by an assistant, until, partly with the handle of the knife, but mostly with my fingers, and a very little dissection with the knife when it could not possibly be avoided, I succeeded in getting *it all out*—no more could be felt. It is unnecessary to describe the situation of the patient, from day to day, during his convalescence; for the first few days he vacillated between hope and fear, but the powers of nature came to our assistance, and the patient recovered so far as to enjoy tolerably good health for eight months; ate and slept well, the countenance improved, and he looked better than he had for two years before the operation. The head resumed its natural position, and the rotary motion was good. The patient went to school some two or three months during this time. This enormous mass was only two years in growing; when it was first discovered it was of the size of a filbert, or smaller, and situated directly at the root of the ear. Mr. Murray says many applications were used to discuss the tumor, but they all (he thinks) hastened its growth.—*Buffalo Medical Journal*.

PHYSIC AND NATURE IN A DRUG SHOP.—The fondness for greasing the head and body to regenerate the hair and to cure rheumatism, and the facilities for gratifying the passion, received an amusing illustration by a druggist's boy we used to know in years ago. Observing during our attendance upon his employer, that he advertised on a huge label at the door, SKUNK'S GREASE, RATTLE SNAKE'S GREASE, BEAR'S GREASE, &c., we desired him one day to show us the articles. With great gravity he went down cellar and brought up a single small gallipot and three phials of abominable and indescribable odor. Asking him to point out the respective articles, he assured us with much gravity, looking out of twinkling gray eyes beneath a villainous brow over a pair of huge

green spectacles, on the extreme end of a long hooked nose, that they "were all contained in that pot, only receiving flavor from the bottle, the same being kept down cellar to preserve the invaluable articles in prime order." "It was decidedly the most profitable article in the shop." "The skunk's grease and rattlesnake's grease for rheumatis, and the bear's grease for the hair." He had also the oil of catfish, and oil of earth-worms, in a single bottle! These he dispensed from 50 cents to \$1 per ounce, and assured us he considered it a great blessing for a druggist "to know natur." He was decidedly pious, and considered a shining light in the neighborhood. By way of illustration of the importance of his knowledge of "natur," we take occasion to tell our readers, his oil of earth-worms was much praised by a reverend gentleman in the neighborhood for its great virtue in sprains.—*Scalpel*.

Spontaneous Collapse of the Antrum.

We find the following in Ranking's Abstract:

"This rare case occurred in the person of a robust female, aged 25. Her appearance was remarkable; there was a deep purple depression between the side of the nose and the malar bone on the left side, looking precisely as if a portion of the maxillary bone had been removed. The depression was bounded above by the inferior margin of the orbit which partook of the depression, inferiorly by the alveolar process and malar bone, and in the centre by the nose. The distance from the bridge of the nose to the bottom of the depression was an inch and four-tenths.

"Until seven years previously her face had been symmetrical; but about that time she perceived a dusky mark beneath the left eye, unattended with pain. This mark gradually extended, and some flattening of the cheek became perceptible; this gradually increased until the face assumed its present appearance. A week ago some stillicidium lachrymarum ensued.

"Her teeth were *in situ*, but greatly decayed, and the gums were in an unhealthy state, but the alveolar process was sound.

"Mr. Cooper has failed to find any account of this singular affection in the records of surgery, the only approach to a reference to it being in Otto's 'Compendium of Pathological Anatomy.' Nothing is suggested to remedy it by Mr. Cooper or Mr. Ferguson, who saw the case."

Subnitrate of Bismuth in large doses in Typhoid Fever.

BY M. ARAN.

M. Moneret had previously noticed the good effects of subnitrate of bismuth in choleric diarrhœa, and in the diarrhœa of children. M. Aran had administered it in a case of obstinate diarrhœa following typhoid fever; its success was rapid, and in twelve days the patient was able to leave the hospital. It must be mentioned that the patient was convalescent when the subnitrate was administered, and that the completion of the cure was delayed only by this diarrhœa, which continued with much obstinacy. The case, therefore, was one of that diarrhœa which almost always accompanies typhoid fever towards its termination, and which is most frequently connected with lesion of Peyer's plates, and with an irritated state of the intestinal mucous membrane; for at this period the utility of alvine evacuations is indisputable, purgatives having the property, if not of abridging its duration, at any rate of preventing or rendering less intense the complications of other organs. But because this diarrhœa, while it continues within certain limits, does not present any special indication, at least of active interference, in the earlier stages of the typhoid fever, it does not follow that it should be disregarded when it lasts beyond its ordinary term, during recent, or not yet complete convalescence. Sometimes, indeed, after a few days of intense fever, appetite returns, fever diminishes, the tongue becomes moist, the meteorium disappears, the stomach is indolent, and yet the stools continue liquid and frequent, and the patients cannot bear the slightest nourishment. In this state amylaceous lavements containing a few drops of laudanum are ordinarily employed, but often without success. The physician is thus puzzled to raise the strength of the patient; if he allows food, he has to fear enteritis; if he leaves his patient to absolute diet, his strength, instead of increasing, diminishes daily; he should then have recourse to subnitrate of bismuth as a powerful auxiliary.—*Bulletin General de Therapeutique.*

SPIRITUAL RAPPINGS.—As this subject has excited no little curiosity in the community generally, and sometimes even puzzled a few of the savans of our profession, it may not be inappropriate to insert the following, which purports to be a "scientific explanation" of these mysterious phenomena. The explanation conflicts somewhat with that of the Buffalo committee, to be sure, but as Dr. Dump seems,

from his natural talents, his extraordinary and peculiar acquirements, to be particularly suited to such abstruse investigations, we think his light should not be extinguished. He says:

“The only true and legitimate manner of accounting for the taps, is the physiological defects in the membranous system. The obtuseness of the abdominal abdicator, causes the cartilaginous compressor to coagulate into the diaphragm, and depresses the duodenum into the flandango. Now if the taps were caused by the vocation of the electricity from the extremities, the *tympanum* would also dissolve into spiritual sinctum, and the olfactory ossificator would ferment and become identical with the pigmentum. Now, as this is not the case, in order to produce the taps the spiritual rotundum must be elevated down to the spiritual spero. But, as I said before, the inferior ligaments must not subtend over the digitorum sufficiently to disorganize the steriecleum.”

DARIUS DUMP.

INDIANA HOSPITAL FOR THE INSANE.—We have received from the Superintendent, the last annual Report of this Institution, by which we learn that it contained, at the close of the last year, 137 patients—74 men and 63 women; that the whole number discharged during the year was 71; that the whole number recovered during the year was 52. Per centage of recoveries on the whole number discharged, 73.24. Recent cases discharged, 53; recent cases recovered, 42. Per cent. of recoveries on recent cases discharged, 80.77.

We are also informed that, according to the late census, Indiana contains 452 insane persons, 137 only of whom are within the walls of the Hospital, while 300 are still uncared for and unprotected. This startling fact has induced the commissioners and the Superintendent to urge the importance of extending the building, by the erection of two additional wings, costing at least 35,000 dollars. From the condition of that portion of the Insane who cannot enjoy the advantages afforded by the Hospital, as represented by the Superintendent, we do not see how the Legislature of Indiana can long delay to complete the edifice, so beautifully illustrated by a plate accompanying the Report.

That portion of the Report made by the commissioners, is clear, to the point, and highly complimentary of the Superintendent; while that of Dr. Patterson, who has charge of the Institution, though brief, is full, explicit, and shows conclusively that the Institution is well managed and in a flourishing condition. The Doctor, we believe,

has had more than the usual amount of difficulties to contend with, in the commencement and development of the enterprize. His success seems to have been triumphant. This is not surprising to us, as we know him to be industrious, absolutely indefatigable, and abundantly competent to execute the duties incumbent upon such an officer. By natural talents, and by appropriate acquirements, few gentlemen are equally well qualified to treat the insane, or to discharge, in *general*, the duties of his profession.

SURGICAL SPLINTS.—We wish to call the attention of physicians to the most complete set of surgical splints we have ever seen, manufactured by F. B. Day, of Columbus. The set comprehends about forty distinct splints, which are so simple, so light, and so ingeniously constructed, as to be applicable to every variety of fracture—simple, compound and complicated—to which the human frame is liable. We have the straight splints of the French, the double-inclined planes of the English, with the most perfect improvements upon them by American surgeons, and being several sizes of each, they are applicable to persons of all ages and sizes. There are, also, splints for fracture of the lower extremity of the radius, which is, proverbially, so difficult to reduce and retain; also, for fractures about the elbow. We should be glad to say more, for higher commendation is highly deserved. When prosecutions are so frequently instituted for malpractice, nearly all of which are connected with bone surgery, physicians feel the need of every improvement to aid them in this difficult and responsible portion of their practice. We do then most fully recommend Mr. Day's splints to the consideration of the profession. They can be seen at our office, at any time, or at the manufactory of Mr. Day on Broad street, in Columbus.

MONSTROSITY.—Drs. J. Cohen and M. A. Durr, physicians of Jacksonville, Telfair Co., Georgia, have in their office a curious natural phenomenon, in the shape of a negro child, born upon the premises of David J. Williams of that town, which weighed twelve pounds, and had two well formed and separate heads and necks, two arms and two spinal columns, three legs with feet attached, two in their natural position and the other coming out on the back of the region of the hips, with two hearts, partially joined together, two lungs, and other anomalies.—*Boston Med. & Sur. Journal.*

MESMERISM.—It may be in the recollection of our readers, that Sir Philip Crampton, some time since, in order to test the powers alleged to be possessed by persons in what is called the clairvoyant state, produced by the mysterious influence of mesmerism, offered to enclose a bank note for £100 in a sealed envelope, which should become the property of any individual who could, while blindfolded and in the mesmeric sleep, tell its date and number. The challenge has been accepted by Mr. Hill H. Hardy.—*London Lancet*.

OBITUARY.—Died, at his residence in New York, of Typhoid fever, in the 68th year of his age, on the 14th of November, Dr. J. Kearney Rogers. Dr. Rogers has for many years been one of the surgeons of the New York Hospital; also, one of the surgeons of the N. York Eye and Ear Infirmary; and has enjoyed an extensive practice and an enviable reputation, both in and out of the profession, as a sound practical surgeon.

Died, on the 13th November, in New York, from the effects of rupture of the *ductus choledochus communis*, produced, as we understand, by the passage of a gall-stone, Granville Sharpe Pattison, Professor of Anatomy in the University of the City of New York. Prof. Pattison has long enjoyed a high reputation as an impressive and enthusiastic teacher of Anatomy, both in New York and Philadelphia. It will be difficult to supply his place.

The death of these two distinguished members of the profession, has taken us somewhat by surprise. True, they were in the midst of a green old age; they have both won many laurels, by their professional exploits and their uninterrupted devotion to the interests of the profession and of suffering humanity. Their names are indelibly inscribed upon the scroll of fame, and their memories will be transmitted to posterity, as benefactors of their race. But, so far as age is concerned, there are several among us who were by many years their seniors. The venerable Dr. Warren, of Boston, Drs. Mott, Mussey, Dudley, Chapman, and others, whose heads are whitened with the frosts of seventy winters, and whose good works, philanthropy and skill have earned for them a world-wide renown, are now standing upon the threshold of the tomb. These *fathers* in the profession, whom we delight to honor, still live, while their junior brethren are falling on every hand. May the evening of their lives be as peaceful as their career has been glorious and beneficent. May their sun of life, now near the horizon, set without an intervening cloud; and may an immortality, more enduring than that so richly deserved in this world, await them beyond the grave.

THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. IV.

Columbus, March 1, 1852.

No. 4.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Cases in Operative Surgery.* By R. L. HOWARD, M. D.,
Professor of Surgery in Starling Medical College.

A history of the following cases which have occurred in my Surgical Practice, during the last few weeks, I have thought of sufficient interest and importance to be placed before the readers of this Journal. In certain respects each case possesses in itself something of unusual interest, and all, I believe, are worthy of record.

CASE I.—*Cauliflower Excrescence of the Os Uteri—Excision of the Cervix.*—The following is the history of a case of cauliflower excrescence springing from the os uteri, which fell into my hands, and for which I amputated the cervix, with *apparently* the happiest results. The *early* history of the case is given by the attending physician, whose statements may be relied upon in all respects, with entire confidence. The operation, with the symptoms and circumstances occurring at the time, are described by myself:

“TO DR. R. L. HOWARD—*Dear Sir*: The circumstances of the case—a brief history of which you request from me—are substantially as follows. The patient, aged 34 years, had been married 15 years, during which time she became the mother of six children, all of whom survive, and give evidence of enjoying good constitutions. The father of the lady died at 54 years of age, with Pthisis Pulmonalis; and there is unmistakeable evidence of a scrofulous diathesis in the only surviving unmarried sister. Up to a period dating six months subsequent to the birth of her fifth child, Mrs. K. enjoyed

nearly uninterrupted health, and during her confinement suffered as little as usually falls to the lot of parturient females. At the time above referred to (September, 1849) the husband of the lady concluded to remove from the eastern part of Pennsylvania to Franklin county, Ohio. Notwithstanding the removal was considered prudent, and met measurably the sanction of the patient, the breaking up of old associations—the sundering of many cherished ties—and the relinquishment of an old homestead, around which lingered fond and uneffaceable recollections—all conspired to induce an excited state of feeling, which resulted in a more or less confirmed feverish condition of the system. In addition to the moral circumstances connected with her removal, was the increased domestic duties incident to so important a step. The effect of this continued anxiety, and the super-imposed actual labor, was obvious to the most casual observer, producing general debility, lassitude, restless nights, and more or less general debility. I should observe, however, that notwithstanding this general *malaise*, she was at no time confined to her bed—was cheerful and anxious, when ready to commence the journey, under the impression that when the excitement of the preparation was over, and the journey actually commenced, the change of scene and novelty of travel would have a salutary influence upon her health. These expectations were, however, unfortunately not realized. The exertion of traveling—the debilitating effect of nursing—and the want of rest necessary to be endured—all conspired to increase rather than ameliorate her symptoms. Owing to the depressing influences above mentioned, and a severe cold contracted during the journey, a protracted and severe illness followed her arrival into this county, two years ago last November.

“It would be difficult to assign her disease to its proper nosological classification. It partook somewhat of the character of typhoid fever—obstinate and wasting diarrhoea being present, as well as pulmonary inflammation, attended with troublesome cough and profuse expectoration. These symptoms finally yielded to good nursing and what was considered the best medication the circumstances seemed to require, and under the continued use of chalybeates, &c., a gradual restoration to her accustomed health ensued.

“It was during this shattered condition of health, and more particularly towards its termination and the gradual restoration, that symptoms of decided uterine congestion became developed, dating say 12 months prior to the birth of her last child. Here it would be proper

to observe that the catamenia had made their appearance several months before leaving the east, varying, however, exceedingly both as to periodicity and quantity—sometimes very profuse, at others scanty, but always producing more functional and constitutional excitement than obtained previous to her health becoming impaired. The congested condition of the uterus could easily be perceived when the patient was in a horizontal position, by placing one hand upon the pubis and making gentle pressure upon the os tinæ with the fore finger of the other. The turgescence was obviously perceptible in the neck of the womb, as the os was somewhat enlarged and painful on being pressed upon. There was no pain at any time present except during manipulation. This, as nearly as I can recollect, was the condition of things which obtained at the beginning of April, 1850. During the spring and summer of that year there was still greater improvement in general health, with no observable local difficulty, except the congested condition of the uterus—menstruation still returning at irregular periods, and observing the same variable-ness as to quantity and other attendant circumstances. All external appearances indicated an entire restoration to health, even to her accustomed *embonpoint*. Thus passed the spring and summer, until the close of the summer months, when an entire suppression of the menses took place, and she supposed herself *enciente*. Two months subsequent to the time from which she was disposed to date this event, a profuse sanguineous discharge led both her and myself to suppose we might be mistaken as to the existence of pregnancy; the hemorrhage, however, was confined to one large gush, and after a few hours ceased entirely, and no show was perceptible for several months, and the quickening and subsequent developments confirmed our suppositions.

“The circumstances attending this gestation differed in no inconsiderable degree from her previous ones. The gradual development of the uterus gave rise to severe pain in either iliac region—there was severe pain in the right side and inability to lie on it, severe cramps in the legs, and numerous other unpleasant symptoms. There was, moreover, considerable leucorrheal discharge present during the entire period of utero gestation—increasing gradually towards its close. Once or twice there was a sudden gush of bright florid blood, confining itself, however, to a mere gush, and then ceasing. Whence this proceeded it would be difficult to say, as there were no signs of threatened miscarriage, nor did they follow any severe exertion.

“On the 22d of May last, Mrs. K. was delivered of a fine, large, healthy child. Her labor was perfectly natural and simple, and was accomplished in a shorter time, and with less suffering, than any of her previous ones. No untoward event occurred during the month—her recovery being as rapid as is usual under similar circumstances.

“The sanguineous or lochial discharge gradually subsided in the course of three weeks from the birth of the child, but was followed in a short time by a return of the leucorrhœa—not very profuse at first, but with a decided tendency to increase. Six weeks after the confinement there commenced to be slight show accompanying the leucorrhœa—aggravated always by any exertion—ascending stairs, or by being long in the erect posture, always being greater during the day than at night. Iron, bitters, tonics and styptics internally, were administered, but failed to produce any benefit. An examination by the touch was now made, and the source of the difficulty at once became obvious. A tumor could readily be felt inserted into the right posterior portion of the neck of the uterus—projecting one half or three-fourths of an inch from its base, and occupying one-third the circumference of the os tinæ. Its feel to the touch was firm, elastic, smooth and slippery, touching and handling not being productive of much pain unless done rudely, but the most delicate manipulations never failed to excite pretty severe hemorrhage. The patient being averse to a speculum examination, it was considered prudent to try the effects of local astringents, combined with a course of iron and alteratives, and rest in the recumbent posture. These remedies were steadily persevered in for some weeks, without any mitigation of the symptoms. No impression was made on the tumor, and the abundant discharge, both sanguineous and leucorrhœal, were evidently making rapid inroads on the general health. Dr. F., of your city, was now requested to see the patient, and leave having been obtained to make a more thorough examination, the introduction of the speculum at once brought into view a bright red strawberry-colored tumor, occupying the position above mentioned. I am quite certain nothing of the kind existed previous to or at her confinement. The whole os was thin and uniform, and readily dilatable.”

About the 1st of October last I was requested to visit this lady. I found her in the following condition: somewhat emaciated, and gradually losing flesh, countenance sallow, appetite variable, and the digestive functions imperfectly performed. A feeling of lassitude

and general debility prevailed, and weariness, particularly after much exertion. There was deep-seated pain or uneasiness in the hypogastric region, aggravated by the erect posture, or by walking, with a sense of pressure upon the perineum. Hemorrhages occurred more and more frequently and freely from the vagina, particularly after vaginal examinations or the use of the syringe. There was also a constant leucorrhœal discharge, of a sero-purulent character, whose fœtor was indescribably offensive. On introducing a bi-valve speculum, an irregular growth, the size of an English walnut, slightly pedunculated, was brought into view. Its surface presented the appearance of a true cauliflower excrescence—uneven, granulated, and at the same time breaking down upon parts of the surface by a species of molecular death and minute sloughs, which gave rise to the stench and offensive discharge. The tumor occupied the whole of the posterior lip and the right half of the anterior lip of the os tinæ, leaving about one-fourth of the cervix free from growth, but even this was tumid and of a deep red color.

Taking all the circumstances of the case together into consideration, I looked upon the growth as a malignant one; and notwithstanding the discouragements in the way, thrown there by our ablest authorities, and by its intrinsic difficulties, and by the prospect of a probable return, I advised an operation for its removal. To this advice the patient and the friends, after due explanation, acceded.

It is well known that amputation of the cervix uteri is no easy operation to perform. Much ingenuity has been expended in the contrivance of instruments to effect this, with none of which I was completely satisfied. Three instruments only were necessary. One for dilating the vagina, another to grasp and bring down the uterus, and the third for excising the cervix. The tri-valve speculum, one of whose valves was capable of being withdrawn, was in my possession, and would answer the purpose perfectly. The volsellum, ten inches long, used by Jobert for operations for vesico-vaginal fistulæ, and made by Charriere, would accomplish the second object. This I brought with me from Paris. And for the *excision*, I had a pair of strong scissors, curved at the side, and about eight inches long, made for the purpose by Klopp & Wolf, of Columbus. The scissors, whose points stood nearly at right angles with the handle—curved only in the blades. With these, and with the assistance of several distinguished physicians, I proceeded to the operation in the month of October, 1851.

The patient was placed upon her back, with the thighs flexed strongly upon the body, the knees widely separated, and the pelvis brought near the side of the bed. Introducing the tri-valve speculum, I was enabled to bring the morbid growth and the cervix into view. Through this I passed the volsellum, and grasped the cervix with the four hooks of the instrument. Removing one of the valves of the speculum, the latter instrument was readily disengaged from the volsellum and removed altogether. I now (while the patient was under the profound influence of chloroform) brought down the uterus to the os externum. I then introduced the curved scissors, with their convexity towards the pubis, and readily excised the tumor, together with a portion of the cervix, to which it was attached. The excision was followed by profuse hemorrhage, which produced syncope and alarming prostration. Notwithstanding the tampon, saturated with styptics, was most thoroughly applied, and opium, with astringents, administered internally, yet the hemorrhage was persistent and fearful indeed. It finally, after two hours of constant syncope, spontaneously subsided. Reaction was not established subsequently for many days.

The patient soon began to improve, and steadily convalesced, and within a few weeks she was able to resume the discharge of her domestic and social duties. Since the operation there has been no return of local pain nor discharge of any kind. Her general health is decidedly improved; the cachectic condition of the system and the sallow countenance have, I believe, entirely disappeared.

This lady cannot be considered exempt from a return of her terrible malady. Should it return (as return it may) the immunity already enjoyed from its ravages amply repay her for the suffering and the temporary prostration induced by the operation.

CASE II.—*Tumor of a Nerve.* Mrs. Mary Green, of Brookfield, Morgan county, Ohio, about nineteen years ago, when in her twentieth year, one year before her marriage, observed on the left side of her neck a small lump, deep seated, about the size of a garden bean. This little tumor continued to grow very gradually, but gave the patient no pain or uneasiness. To the touch it was hard and inelastic. Some twelve years since she suffered from an attack of intermittent fever, which affected her more or less for many months. At this time the tumor began to be painful, the pain shooting off into the shoulder and down the arm. Relapses of the fever invariably aggravated the pain. Removing from this miasmatic locality in

which they resided, the intermittent left her altogether, and with it the local pain to a considerable extent. Still the left arm suffered more or less from increased sensibility and uneasiness when unusually exercised. Things remained about the same for several years—until two years ago—when she had an attack of Scarlatina, from which she with difficulty recovered. Since that period she has suffered a decided and constantly increasing aggravation of all the symptoms, with a gradual increase of the tumor ; so much so, indeed, that the use of the arm, for the last two months, has been nearly lost. Within the last nine years she has borne three children, but neither gestation, parturition, nor lactation, has exerted any influence upon the growth of the tumor.

On Thursday, the 22d of January, Mrs. G. came to Columbus, to consult me. The tumor, on examination, was found to be about the size of an egg, above the middle of the clavicle, a little exterior and under the border of the sterno-mastoid muscle, hard and painful to pressure. I supposed it to be a carcinomatous degeneration of one of the lymphatic ganglia in that region. I advised its removal by the knife, and on the 23d she submitted to the operation, in presence of Drs. Childs, Vattier, Denig, and other distinguished physicians. Being seated in a large arm chair, she was placed under the influence of chloroform. An incision four inches long was made, parallel with the external jugular, and the latter drawn aside by a hook. The tumor being exposed, I dissected cautiously around it, but finding it firmly attached to the more dense structures below, I could not raise it from its bed. Inferiorly, i. e. towards the chest, it laid in contact with the sub-clavian ; internally, in contact with the internal jugular ; beneath, in contact and firmly adherent to the axillary plexus. I performed most of the dissection with the handle of the scalpel, but soon found that the tumor enclosed one of the the axillary nerves. The nerve was divided on the distal side, and extracted from its attachment with the spine. During the operation no vessel was divided which required the ligature.

The wound was dressed with adhesive strips, in the ordinary manner, and the patient placed in bed. There was immediate loss of sensibility in the left thumb and fore finger, and radial side of the arm, which led me to conclude that the radial nerve was the one involved. The patient left Columbus on the 1st of February, convalescent.

On examination, the tumor was found to be composed of a firm

cyst, apparently formed from the neurilemma and fibres of the nerve. Within the cyst was a structure quite vascular, but readily broken down, and of a reddish brown color—classed evidently with malignant growths.

CASE III.—*Ununited fracture of the Forearm, with deformity. Treated by crushing the Callus.* Miss C. F., aged twenty-five years, an Irish girl, of Franklin county, Ohio, fractured both bones of her left fore arm, one year ago, while residing in Buffalo. In consequence of bad management on the part of the professional attendant, or insubordination on the part of the patient, or perhaps both, there was a failure of osseous union, great deformity, and complete powerlessness of the arm for any useful purpose. There was an angle of about twenty degrees between the middle and upper third, projecting towards the dorsal surface. But very slight motion could be produced between the broken fragments, as osseous union was evidently going on.

Believing that a union of the bones in their present position would render the arm permanently useless, I advised that the arm be refractured at the point of union, and treated subsequently as a recent fracture. The girl consented, and on the 24th of January, at my Clinique before the Medical class, I took hold of the patient's wrist with my left hand, and her elbow with my right, and placing the projecting angle upon my knee, and exerting all my muscular power, I succeeded in crushing the callus and refracturing the arm, as I intended. The patient, being completely under the influence of chloroform, felt no pain, and made no resistance with the flexor muscles of the fore-arm. The admirable splints manufactured by F. B. Day, of Columbus, for fractures of the bones of the fore-arm, were directly applied. The case is still [Feb. 10th] under treatment, and I have no doubt a successful result will be attained.

CASE IV.—*Malignant Tumor of the Arm. Amputation at the Shoulder Joint. Cure.* Mrs. M. S., aged thirty-five, Delaware county, Ohio, consulted me on the 10th of January, 1852, for an enormous tumor of the right arm, extending from the elbow upward, deeply into the axilla, so as to abduct the arm at right angles with the body. She informed me that seven years ago a small tumor about the size of a nut, made its appearance on the inner side of the arm, midway between the axilla and elbow. At first it was dense and painful. It was treated with setons, ointments, excharotics, and once it was lanced, but all to no purpose, except, perhaps, to

expedite its growth. At the end of two years, when the tumor was about the size of an egg, she applied to a physician, who pronounced it an aneurism, and proposed an operation, to which she consented. The doctor professed to tie the brachial artery, on the cardiac and distal sides of the tumor. On tying the ligature, she complained of excruciating agony and partial loss of sensibility, and voluntary motion of the index, middle and ring fingers. Subsequently to the operation, the muscles of the fore-arm became atrophied, and the flexors permanently contracted. When she presented herself to me for advice, the tumor was enormous, as above stated, irregular, and portions of it were dense and inelastic, while others were irregularly protuberant and inelastic, simulating fluctuation, the whole now growing rapidly. The intensity of the pain was such as to demand large doses of opium to secure rest. She was about six months advanced in pregnancy. Although there was no lymphatic enlargements, nor decided evidence of cachexia, yet there was gradual emaciation, and an unusual paleness of the face. The digestive organs were becoming more disordered, and the appetite was exceedingly variable.

I advised immediate amputation at the shoulder joint, inasmuch as the tumor was growing rapidly and could not be extirpated with any prospect of success. After much deliberation, she reluctantly accepted of my advice.

On the 17th of January I amputated her arm at the shoulder joint, at my Clinique in the College. I found it exceedingly difficult to secure the full effects of chloroform, but finally succeeded, so that little or no suffering was experienced during the operation.

On examination of the tumor, I found portions of it soft, easily broken down, and possessing the characters of encephaloid growth. Others were solid and fibrinous, like partially organized fibrine, and others seemed like irregular cavities, containing grumous blood. It was evidently a malignant tumor, and would soon have destroyed the patient's life.

At this time [Feb. 10th] the wound is almost entirely healed. She continued to suffer intensely for several days after the operation in what she supposed to be the arm amputated, but it finally subsided, and her general health is gradually improving. I feel a good degree of confidence that the disease will not return. I should have stated, when describing the appearance of the tumor, that the brachial artery, immediately below the tumor, was obliterated, as also

the radial and ulnar. The Median nerve was found to be soft and atrophied. On tracing the nerve upward, it was found to terminate abruptly at the lower part of the tumor. I have no doubt that the ligature applied by the physician who operated for aneurism, four or five years since, included not only the artery, but the median nerve, and probably the *venæ comites*. This accident, of course, suggests the propriety of great caution in all operations upon important arteries.

CASE V.—*Stone in the Bladder*. David Douglass, aged seventy-four, Pleasant Valley, Madison county, Ohio, a farmer by occupation, of full habit and rather corpulent, and of vigorous constitution. About nine years ago he began to complain of irritation of the bladder and urethra, frequent desire to void urine, &c., &c. The severity of the symptoms gradually increased, but having had a brother who fell a victim to an unskillful exploration of the bladder, under similar circumstances, he was unwilling to apply for effectual surgical aid. Finally his sufferings became so severe that he allowed, after much entreaty, a neighboring physician to make an examination. He informed me that the introduction of the instrument produced indescribable suffering, and that the examination was followed by profuse hemorrhage. The physician having informed him that there was no stone in the bladder, he abandoned all hope of receiving professional aid from any source, and concluded to bear his sufferings patiently while he lived. But as is usual while the mental and physical energies become less and less able to bear up under the attendant sufferings, the symptoms constantly increase in torturing severity. He at length deliberately made up his mind to try an operation which might of itself speedily terminate his existence. On the 20th of January I visited him, and found him anxious to submit to any operation that would terminate his sufferings. On sounding his bladder, I immediately detected a stone, but such was the irregularity of the bladder—being thrown into sacs and folds by irregular contractions of the muscular coat, and so exceedingly sensitive to the slightest touch—that I abandoned my intention of crushing the stone with the *brise pierce*, after the plan of Civiah and others. I prescribed anodynes, alkalis, uva ursi, mucilaginous drinks, and laxatives, for the purpose of preparing his system for the lateral operation.

On the 25th I visited him again, and found his symptoms materially relieved. Placing him profoundly under the influence of

chloroform, while in the usual position for such an operation, I made the incision about four inches long, through the skin, superficial fascia and fat. Reaching the groove of the staff, with the ordinary knife, I finished the incision in the prostate and neck of the bladder, with a probe-pointed scalpel, with a strong blade and handle made for the purpose. Introducing the forceps of medium size I was unable to reach the stone. Having introduced the largest sized forceps, I at once secured a stone weighing one and a half ounces, and removed it, not, however, without exerting considerable force in dilating the parts, to allow of its passage. The forceps were again introduced, and another stone, of precisely the same dimensions and weight, was found, and removed without difficulty. The operation being completed, the patient was unbound and placed in bed, and after a few minutes (his consciousness returning) he learned for the first time that the operation had been performed. Though the physical suffering had been beyond the power of the imagination to appreciate, yet he knew nothing of the transaction until the calculi were presented for his inspection. For several hours the pain in the bladder and perineum was very severe, but in the evening it subsided so that he passed that night in a profound, natural, quiet sleep, the first he had enjoyed for nine years.

The patient from this hour gradually convalesced, without an unfavorable symptom. In this case, on account of age, constitutional irritation, extensive disease of the bladder, and, to some extent, the kidneys also, a favorable result could scarcely be reasonably expected. I attribute the successful termination of this case mainly to the smallness of the incision in the neck of the bladder and prostate gland.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Hints to the Medical Witness in Questions of Insanity.* By I. RAY, M. D., Superintendent of Butler Hospital, R. I.—Read before the Association of Medical Superintendents of American Institutions for the Insane, held at Philadelphia, May 21, 1851, and published by desire of the Association.

The importance of the "hints" contained in the following article is a sufficient apology for its insertion in this journal.—[ED.]

The frequency with which questions of insanity are now raised in

courts of justice, has rendered it a very common duty for those who are engaged in our department of the healing art, to give their testimony in the capacity of experts. It is supposed that their position has afforded them peculiar facilities for obtaining information that may be available for the purpose of justice, and as their station is usually official, the public seems to have a claim upon their services over and above that which arises from the ordinary relations of citizens. I see no reason why it should be evaded, upon any other ground than interference with other engagements, but many reasons why it should be cheerfully and intelligently performed. Thus, however, it never will be, without a thorough and systematic preparation. No one can perform the duty creditably, unless it has been maturely considered, its limits and relations clearly distinguished, and the special knowledge it requires, obtained and kept ready for use. In short, unless the whole ground is carefully surveyed, and all its aspects made familiar to the mind, the medical witness, instead of acquitting himself, as every one would wish to, with a proper sense of professional reputation, is very liable to furnish an illustration of an infirmity said to be very common among medical men, that of *breaking down* on the witness-stand.

Neither the occasion nor my own opportunities, will permit me to present a systematic account of the qualifications of the expert in questions of insanity, nor, if I could, would it be any more profitable, perhaps, than the few practical hints I shall offer, suggested, chiefly, by personal experience.

I scarcely need say, that the method of eliciting information by *viva voce* testimony, is, in many cases, as inappropriate as possible, in questions of a scientific character. But the rules of evidence make no distinction between matters of fact and matters of opinion. In regard to the latter, as well as the former, the testimony is off-hand, with no other preparation than what may have been anticipated by a shrewd conjecture as to the course of inquiry which the examination might pursue. Objectionable, however, as this method is, it is the only one known to our laws, and it becomes our business to meet its requirements as well as we can.

It cannot be too strongly impressed upon our minds, that the duty of an expert is very different from those which ordinarily occupy our attention, and requires a kind of knowledge and a style of reflection, not indispensable to their tolerably creditable performance. The acuteness sharpened by long observation, which leads

one to detect the earliest aberrations of the mind ; the learning and skill that enable him to combat the power of disease ; the tact and good nature with which he turns a morbid impulse into a healthier channel, will render him but indifferent service on the witness-stand. There, he will feel the need of other resources than these, and fortunate will he be, if he do not learn his deficiency before he has exposed it.

The principal of the resources to which I allude, is a well-ordered, well-digested, comprehensive knowledge of mental phenomena, in a sound as well as unsound state. The question which, in one shape or another, is presented to the witness, is, whether certain mental phenomena indicate mental unsoundness. Cases of doubtful mental condition are not those whose true character can be discerned at a glance. The delicate shades of disorder can only be recognized by one who has closely studied the operations of the healthy mind, and is familiar with that broad, debateable ground that lies between unquestionable sanity and unquestionable insanity. How little dependence could we place upon the testimony of a physician concerning the results of a cadaveric autopsy, who had not, by frequent inspection, made himself acquainted with the healthy appearance of the organs. We readily see the presumption of saying that an organ is diseased, without knowing precisely how it looked when in health.

How the knowledge in question can be obtained, is a query more easily asked than answered. I certainly should not refer you to any of those systems of mental philosophy that are supposed to unfold and describe the various operations of the mind. The metaphysicians will render us little aid in this department of our duties. Their investigations are confined to a very limited section of the great domain of mental philosophy, each one believing that he has within himself all the materials necessary to a successful result, scarcely regarding the manifestations of mind when affected by disease as belonging to his province. Were I to refer you at all to books, it would rather be to those immortal works which represent men in the concrete, living, acting, speaking men, displaying the affections and passions, the manners and motives of actual men. Locke and Stewart will do you less service than Shakespeare and Moliere. But better than all books, though their aid is not to be despised, are personal observation and study of mental phenomena as strikingly exhibited in real life. To him who is engaged in the care and treat-

ment of the insane, every mental peculiarity, especially in the normal condition, should be an object of study, nor will he notice, without the deepest interest, those traits of character that mark the transition between health and disease. He must learn to distinguish the thoughts and manners of the one condition from those of the other, and endeavor to gain a ready perception of the general air and tone characteristic of each. No kind of preparation will better fit him for performing the peculiar duty of an expert, which consists in forming opinions respecting mental conditions, from a few and perhaps disconnected facts. Without it he will be constantly liable to the mistake of regarding a trait or act as indicative of disease, for no other reason, perhaps, than because it occurs in a case supposed to be doubtful, and of confounding natural eccentricities and impulses with the manifestations of active insanity. The expert who is deficient in this kind of knowledge, can never be a reliable witness in questions of insanity.

However well prepared the witness may be, he will find it necessary to be on his guard against another disadvantage incident to our method of eliciting evidence. He is called by the party that has reason to believe that his testimony will serve the purpose of the latter. He is, in form at least, that party's witness, engaged by him, and by him made acquainted with all he knows respecting the merits of the case. The consequence of such a relation is, that he can scarcely help testifying under a bias. In many cases, no doubt, this would be unavoidable, under any mode of procedure, and the only thing the expert can do, is to shun the evils of this arrangement, as much as he possibly can. Counsel look at one side of the question only, and naturally endeavor to make the expert participate their views, while their intercourse is marked by a kind of cordiality and fellow-feeling, somewhat adverse to that independence which the expert should never relinquish. Counsel should be given to understand distinctly, that your opinion will be determined by the evidence given in court, not their statement of it, if you would avoid on the one hand, the self-reproach incurred by testimony which subsequent reflection will not confirm, and, on the other, the unpleasant predicament of unexpectedly running counter to the views of the party that placed you on the stand. Your language should be, "I will make the examination, or hear the evidence in the case, if you wish it, and if the conclusions to which they lead me, will serve your client, you are at liberty to call me, but otherwise you had better not place me on the stand."

The witness not being fairly on the stand, I would offer him a few hints by which he may profit in the performance of his duty.

In the first place, let him beware how he suffers the dread of being thought ignorant of his profession, to draw from him a positive and unqualified reply, where a modest doubt would have better expressed the extent of his knowledge. It is not expected that, on the spur of the moment, without any special preparation, he should always be ready to express an opinion on an obscure point, or one somewhat remote from the line of his ordinary duties. Neither court nor counsel ever commit a folly like this. They are careful to make opinions the result of calm, deliberate reflection and thorough research. And why should the physician do otherwise? Life and death may be involved in his testimony, and the consequence of his rash confidence may be the ruin of a fellow-being and a harvest of self-upbraiding to himself. He loses no reputation necessarily, by honestly stating that he is unprepared to give an opinion without mature consideration, but he cannot help losing much by taking the opposite course.

There is another and a kindred point on which the expert will need all his caution. The object of counsel, as every body knows, is not so much to elicit the truth, as to serve the client, and thus every particular question, as well as the general tenor of the examination, is adapted to this purpose. They form a hypothesis, or lay down a plan of operations, and then frame their questions so as to bring out the wished-for reply. Let the witness never forget, therefore, that every question has its object, and take care that his answer be carefully considered.

It also happens that an ignorance of medical terms, if not medical subjects, often prevents the counsel from using language with that degree of precision which is indispensable in the discussion of scientific subjects. The witness should insist, therefore, on having the question clearly expressed, and never allow himself to answer a question he does not thoroughly comprehend. Equally necessary is it for him to be careful how he returns categorical answers to the questions put to him, for they are apt to leave wrong impressions upon those who are imperfectly acquainted with the subject, and may be adroitly used to embarrass the witness and discredit his testimony. If he would avoid this result, he must, in spite of the authoritative demand for a *yes* or *no*, so qualify and explain his answers, as to prevent any mistake of their meaning, and no dread of amplification

should deter him from his purpose. Let him bear in mind that he has an unquestionable right to express his opinion in his own way, and that he is put upon the stand, not solely to answer such questions as the ingenuity of counsel may prompt to further their ends, but to give an opinion on a scientific subject for the purpose of promoting the cause of justice. Such, in point of fact, notwithstanding our modes of procedure, is the proper function of the expert, and, judging from my own experience, courts are disposed to receive any light he can furnish, and will sustain him in his endeavor to make himself thoroughly understood. Indeed, they are less likely to yield their confidence to categorical and unqualified statements, indicative, as they must be, either of ignorance or trepidation, than to the cautious and guarded manner characteristic of true science.

The medical witness must be on his guard against another favorite manœuvre of counsel—that of supposing cases, and drawing out of the witness an opinion that may be advantageously applied to the case in hand. It is easy enough for an active imagination to create a case apparently favorable to a certain hypothesis. And this is its radical fault, that it is without life or substantiality, a mere figment of the brain. It is a well-settled principle that, in matters of science, opinions must not be formed on a partial statement of facts; but how can any statement be regarded as complete or incomplete, which is professedly fictitious? In a case where the validity of a will was contested on the ground of the insanity of one of the subscribing witnesses, it appeared in evidence that he had, at one time, entertained some gross delusions and attempted suicide, but that for a few months previous to the execution of the will, he had renounced the delusions, pursued his studies, wrote a very good book, and in short, seemed to be entirely like himself, with the exception of unusual shyness and desire for solitude. To one of the experts who had expressed the opinion that this person was of sound mind, this question was put;—"Supposing he had committed murder about the time he witnessed the will, would you have considered him as morally responsible for the act?" The question was artfully founded upon the imputed disposition of the expert to admit too readily the plea of insanity in criminal cases. The court did not permit it to be answered; but the reply would have availed the party nothing. An act of homicide is a fact, or more properly a body of facts, a knowledge of every one of which may be necessary to throw any light on the mental condition of the person committing

it. Nothing could be more presumptuous than to form an opinion in such a case, without an exact knowledge of all, even the minutest of the circumstances attending it. Here was an endeavor to draw out a professional opinion on an abstract idea, and even if a tissue of circumstances had been *supposed*, they would have formed no ground for an opinion.

Another professional manœuvre of a kindred nature, is that of selecting one or more particulars which have been adduced among the indications of insanity, and then asking the medical witness if he regards that as a proof of insanity. It is always one of those things which, whatever they may signify when viewed in connection with one another, yet singly considered, prove nothing respecting the mental condition. And it is for this very reason that the attempt is made to throw the expert upon the horns of a dilemma; for if he replies in the negative, he appears to deny what he has but just virtually affirmed; if in the affirmative, he stultifies himself in his eagerness to avoid a fancied inconsistency. The only course for him is, to state the general principles which no one sees exemplified oftener than himself; that, in a large proportion of cases, insanity is manifested, not so much by any particular trait, as by the general character of the person's conduct and conversation, as compared with that which he exhibited when admitted to be sane; that, in regard to many patients, it would be impossible to mention a single trait that none but a sane man would exhibit; that even in the strongest cases, it would often be difficult to give reasons for a belief that would be satisfactory to those who have no practical knowledge of insanity; and that this difficulty becomes an impossibility when the indications are obscure, or consist more in the general style of the conduct and discourse, than in any single act or notion. At any rate, let him firmly decline to form an opinion on one or two selected facts.

Lawyers are much disposed to ask for a definition of insanity, and it will be well for the witness to be prepared on this point, bearing in mind that the object of the question is, not so much to obtain any light on the subject, as to perplex and embarrass him. Medical writers have exercised their wits in finding what they are pleased to call a definition of insanity, in a belief that if once discovered, they would know precisely what insanity is and what it is not. It is generally admitted, I believe, that no one has yet succeeded in accomplishing this laudable purpose, for insanity belongs to a class of

phenomena that may be described and explained, but are not the proper object of a definition; and the reason why an unexceptionable one has not appeared, is not so much on account of the obscurity of the subject, as because it is totally inappropriate and nugatory. If the medical witness suffers himself to be drawn into a metaphysical discussion, he will be sure to be worsted; for his opponent is cool and prepared, while he is taken by surprise, and unable to see the point to which he is dexterously led.

The witness is sometimes asked if all people are not more or less insane, and if all crime is not temporary madness. The object of the question is to excite a prejudice against the plea of insanity generally, by implying that it is used to shield the evil-doer from the penal consequences of unbridled passion. Although never relevant to the case in hand, yet the witness may sometimes deem it proper to return a formal and deliberate answer; and if his views on the subject agree with mine, he will firmly maintain the distinction between normal passion and maniacal fury—between the infirmities and short-comings of a limited nature and the manifestations of unequivocal disease. If people choose to set up, in good faith or otherwise, a fancied ideal of perfection, and regard every one who falls short of it as more or less unsound, I would only object to the misapplication of terms; but while I acknowledge the difficulty sometimes of running the line between vice and insanity where they border on each other, I believe that, for the most part, they are wide enough asunder and easily distinguished. Nature draws no dividing lines in the realms of moral or natural science. Classes and orders and genera merge into one another, and the inquirer is ever treading upon some debateable ground, where the clearest distinctions and definitions quite vanish away. Why then should it be thought so strange, that the empire of health should be divided by no palpable line from that of disease? or that this fact does not authorize the conclusion that their respective phenomena can seldom be accurately distinguished from one another? Our knowledge of the philosophy of crime, if I may use the phrase, has been greatly enriched of late years, by observations in hospitals, jails and court-rooms, in the purlieus of vice and the walks of respectable society; but the old landmarks, the fundamental distinctions, remain as prominent as ever.

Of late years it has been common to ask the expert's opinion on the subject of *moral* insanity, for the purpose of attaching to him an unpopular doctrine, and thereby diminishing the weight of his evi-

dence. It is well to have our minds made up on this point. I presume no member of this Association has any doubt of the existence of a form of mental disease that is chiefly confined to the moral sentiments and affections, the intellectual powers evincing no appreciable derangement. But, however satisfactory the proof may be to us, most people treat it with a degree of scepticism not less strange than the readiness with which they are accustomed to accept, without proof and without reason, any new-fangled doctrine in morals or science, which may happen to strike their fancy, or flatter their prejudices. The world at large can perceive no distinction between the manifestations of such disease and those of ordinary, every-day depravity, and the language which it addresses to the luckless patient is, "If you have an uncontrollable impulse to commit crime, we have an uncontrollable impulse to punish you." Indeed there seems to be an inability in most men—the intelligent and cultivated as well as the ignorant and thoughtless—to conceive of any insanity that does not involve the intellectual powers, and the accumulation of proof only strengthens the difficulty without removing it. No where has the fact met with less favor than on the bench, as if it carried with it something peculiarly repulsive to the judicial conscience. It is folly to contend against such prejudices, and therefore it is to be regretted that the term *moral insanity* was ever introduced into a court of justice; for, under the circumstances, it has been the occasion of much harm, while for practical purposes it is unnecessary. It is enough to say the party is insane. The law does not oblige us to enter into nice distinctions respecting the form of the disorder. I doubt if the witness is obliged to give his opinion on any question of insanity disconnected with the case in hand; and if the object is obviously to embarrass him, he had better stand upon his rights.

The course usually adopted for eliciting the opinion of the expert, in questions of insanity, is, to ask him if he has heard the evidence, and if he has, and supposing it to be true, what is his opinion respecting the mental condition of the party. It not unfrequently happens that discrepancies and contradictions appear in the testimony, quite inconsistent with the idea of its being all true. Having no right to decide for himself between the true and the false, what is the expert to do? Without prescribing to others a rule of conduct in this emergency, I can only say for myself, that where these contradictions are of a trivial character and confined to subordinate points, I presume they may be overlooked without any impropriety;

but where they involve the main points at issue, I see not how he can arrive at any conclusion without assuming the functions of the jury. In this contingency, he can only candidly state his embarrassment, show how the testimony clashes, describe the bearing which its several portions may have on his opinion, and leave the farther disposal of the matter to the court.

It often happens, too, that the evidence, without evolving any manifest contradiction of facts, bears the marks of high coloring, of exaggerated statement, or unintentional omissions. Different witnesses, we well know, seldom state the same facts precisely alike. There will be something either of addition or omission, in the testimony of each, calculated to leave an impression different from that produced by the rest. Here, I presume the expert is permitted, if not required, to make such allowances as are naturally made by every other person around him, otherwise he would be forever debarred from giving an opinion in a judicial inquiry. But the expert must never forget that it is the *whole* evidence on which his testimony must be founded, and if it be contradictory or deficient, he will best consult his own reputation and promote the ends of justice, by candidly stating the fact.

The question has often been raised, whether the medical witnesses in a case should consult with one another previous to giving their testimony in court. It has been apprehended that such consultations would prove unfavorable to a proper independence, and to some extent, substitute personal biases for conclusions honestly drawn from the evidence. A diversity of opinion is supposed to have a less suspicious appearance, than a uniformity of statement which might indicate a preconcerted arrangement. There may be some ground for the apprehension here mentioned, but not sufficient, I think, to deter us from availing ourselves of this measure, if otherwise proper. The opinion of the expert is undoubtedly founded on facts in evidence, but it is unquestionably guided in a great degree, by his previous knowledge of the general subject. If he may consult books—the written experience of others—why not the authors themselves, or any one possessing the requisite information? In the interchange of thoughts produced by a *viva voce* discussion, much may be elicited having an important bearing on the points in question. The views of the witnesses are rendered more clear and precise, and if any of them are obliged to yield somewhat of the ground they have assumed, still it may prove that they have gained more than they

have given up. I may mention, however, in this connection, though the fact is not exactly german to this conclusion, that in no trial that I have been connected with, was there, to my knowledge, any consultation of the medical witnesses. The thing was never proposed. Whether something would not have been gained by a free interchange of views, is a question not easily answered.

I scarcely need remind the witness that, above all things, he should be cool and quiet, and never be provoked into a sharp reply or a cutting retort. Let him be careful how he descends from the high position which he holds in virtue of his function, in which he will be always respected as long as he respects himself; for if beaten at these weapons, as he probably will be, his opinions will be shorn of much of the weight with which they would have been received. He must make up his mind to have his sentiments travestied and sneered at, his motives impugned, and pit-falls dug in his path, with the same kind of indifference with which he would hear the maledictions of an excited patient.—*Amer. Journal of Insanity*.

ART. II.—*Report of three cases in which Lactation was reproduced by the application of the Child to the Breast.* By ARIEL BALLOU, M. D.
[Read to the Rhode Island Medical Society.]

CASE I.—In the autumn of 1836, Mrs. J. G., aged between thirty and forty years, of sanguine temperament, robust constitution, and the mother of several children, was confined. The presentation was natural, and no unusual circumstances attended her delivery. Subsequently she suffered from an attack of phlegmasia dolens in both of the lower extremities, attended with high febrile action, and, as is usual in such cases, extreme suffering. The secretion of milk ceasing early in the disease, the child was removed to a wet nurse, with whom it remained three or four months, during which time there was no return of milk. In the spring of 1837, the family being about to move a short distance from the village, where they could enjoy a better air and a more unrestricted exercise, the mother was anxious to take her infant with her, but did not like to deprive it of the advantages of the breast during the then coming warm season. I advised the mother to take her child and apply it to the breasts in the same manner she would do if she had a flow of milk, assuring her it was my confident opinion that in two or three weeks she would have milk, and a sufficient quantity, at least her usual supply.

She did so, and in about two weeks the secretion of milk was reproduced. She continued to nurse her child for more than a year, producing her accustomed quantity of milk.

CASE II.—Mrs. N. D., aged about twenty-five years, was confined December, 1841. Nothing worthy of note transpired during her confinement and recovery. In April following, her child weaned itself, in consequence of a sore mouth. Her milk soon entirely disappeared. In July following I was called to see her child, which was suffering from an attack of cholera infantum. Having lost several children about that time from this disease, I expressed my regret that the child was deprived of the benefits of the breast, adding, that in my opinion its chances of recovery were diminished in consequence.

The mother was informed of the course I had advised in other cases where it was desirable to reproduce the secretion, and of the results. On my visit the succeeding day, she informed me that she had applied the child to the breasts, and that it nursed and seemed pleased and more quiet; but she was not aware that any milk was obtained or that she had any for it. I advised her to persevere in the application of the child to the breasts, which she did, and the child recovered, and in the course of a week or ten days obtained a full supply of nutriment from the breasts.

The mother continued to nurse for months with as full and perfect a secretion of milk as though no interruption in the secretion had occurred.

The following case I report as having an important practical bearing on the treatment and disposal of a class of cases which occur in our community at the present day, to cure which, or otherwise dispose of satisfactorily to the physician, is often found difficult.

CASE III.—Mrs. O. H. H., aged about twenty-one years, of feeble constitution, and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchement she was troubled with chronic aphtha, red canker, or with that condition of the system which is well known as “sore mouth attendant on pregnancy and lactation.” Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases, there was a remission of diarrhœa and sore mouth for a few days after accouchement, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimila-

tion of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation. But in the course of ten or twelve days after accouchement the sore mouth and diarrhœa returned with increased violence, producing great debility. The secretion of milk was copious; her pulse 120; the tongue flabby; there were frequent copious dejections of yellowish water, the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet nurse, at the same time informing the parents that on the recovery of the mother she could at pleasure reapply the child to the breasts and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with a hope of realizing my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for the future to nurse her child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk.

I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and, to use her words, she "had as good a breast of milk, as if she had never dried it up."—*American Journal of Medical Science*.

ART. III.—*A Case of Premature Labor—Inertia of the Uterus—Liquor Ergotinae*. Reported by P. CLAIBORNE GOOCH, M. D.

At 7 o'clock P. M. January 2d, 1852, I was requested to see C., a most respectable negress, aged thirty, hale and robust, the mother of three children, which were the result of her only three pregnancies. The night before she had been "ailing and sore through the night"—this morning she went to her accustomed occupation, of chambermaid in one of our principal hotels, and worked faithfully till afternoon, though constantly complaining of *malaise* and dull pain through the lower part of the body. At 5 o'clock she went to her room, and at 7 I found her complaining of constant grinding and

benumbing pains, similar to those at the commencement of labor, or those called false pains. Pulse 60 and perfectly natural, countenance anxious, bowels open, bladder empty, skin moist and warm, but feet quite cold. The pains recurring every 10 or 15 minutes, I had her undressed and put to bed. Upon examination I found her pregnant since 5 or 6 months, and she said her clothes had been soiled since morning with blood. The touch revealed to me an os tincæ dilated at least an inch and a half diametrically, well filled up by a round extremity of a foetal body enveloped in the bag of waters. I diagnosed irretrievable miscarriage, with natural head presentation, and quietly took my bed-side seat till nature accomplished her duty—mine being merely to send the husband out of the room, and to inform the women that the accident must take place, but without danger.

At 9 o'clock the head had descended completely into the vagina, but then all pains ceased, and the most profound inertia uteri supervened. I at once attempted by very gentle, though decided traction, to remove the mass, thinking that it was perfectly free from attachment, (as is often the case at this stage,) but finding this impossible without *a risk* of violence, I desisted, and waited till 10 o'clock on Nature. Then, finding that the uterus did not respond to cold applications to the abdomen and teatular irritation, I administered gttss. xxx of Messrs. Purcell, Ladd & Co.'s new preparation, the *Liquor Ergotinæ*. This seemed to act merely as so much pure water; and, finding the cold cloths again to fail, and her pulse slow and weak, and the tissues all relaxed, I gave, at 5 minutes past 11 o'clock, 1 drachm of the same ergot, having previously given her brandy and water. During this time she seemed to be well satisfied with the *rest* which she enjoyed, and was disposed to drowsiness. The ergot was taken in about half a wineglassful of water—was not at all repugnant or disagreeable to the palate or stomach. Whether it acted or not, (and she surely had enough of it,) I cannot determine, but at 10 minutes before 12 o'clock I observed that she moaned like one having an anæsthetic labor throe, and on applying my hands I found such to be the case. The uterus, by two good contractions, expelled the body of a well formed child enveloped in the membranes intact, with placenta attached. [The specimen was exhibited to the class of the Richmond Medical College, by my friend, Prof. C. P. Johnson, on the 3d of January.]

REMARKS.—The only cause of the accident in this case which I

can trace, was a fall in the street during the sleet six or seven days previous. This may in some way have severed the foetal and maternal connection, although the woman says she was not hurt by it, and she felt, on the day of the miscarriage, quite strong evidences of the life of her child. In the majority of such cases the constitutional disturbance is greater, the symptoms are more serious and occupy more time, and the hæmorrhage is far greater. The whole amount of blood lost during parturition and after it did not exceed one gill—the lochial discharge was of natural quality and duration, but was always free of clots.

Common sense dictated to me to deliver the whole contents of the womb at once, if possible; but the womb failing to contract, ergot was indicated, and I determined to try the preparation, which was used. I leave it to others to decide whether it acted or not, but I am fully satisfied that the preparation possesses the great advantages over the article in powder or tea, of being more easily administered, and of not nauseating in the slightest degree. The patient experienced no disagreeable effects from the quantity taken, and had a speedy and happy convalescence.—*Stethoscope, Richmond, Va.*

ART. IV.—*Report of a case of Colica Pictonum.* By J. N. HAMILTON, M. D., of Weston.

I report the following case, in order that it may assist one reported in the December number of the 1st volume of the “*Stethoscope*,” by L. S. Joynes, M. D., of Accomack, in shewing young practitioners the great susceptibility to the poisonous action of lead which is manifested by some individuals, and also to put them on the “look-out” in obstinate cases of colic occurring in children; for, from the frequent use which they make of the metal, I suspect that slight attacks of the disease are much more common than is generally supposed.

I was called, on the 7th of July, 1851, to see V. W., a little girl aged nine years, and found her in bed complaining of pain in her abdomen, which was greatly aggravated by frequent paroxysms. She also complained of pain in her head. Her pulse was a little hard and slightly accelerated. I made pressure upon her abdomen and found no soreness, but the muscles were contracted into knots. Her tongue was natural, but as the symptoms caused me to suspect colica pictonum, I examined the gums and found the characteristic

leadened hue around their margins. I enquired if she had been using lead in any form, and was answered in the negative by her mother, but at the mention of the word "lead" the patient remembered that she had swallowed a little lead pencil about ten days previous to my visit. I was assured by her, and by her mother, who had seen the pencil, that it was not more than an inch long, and very small. I have no doubt that it was a case of lead colic, for it was well marked by every symptom.

I prescribed a purgative enema and succeeded in procuring a good evacuation, after which I administered laudanum and sulphuric acid, and effected a very speedy cure.

In this case I made very free use of the sulphuric acid, because I thought it might *possibly* be necessary as an antidote, and also because it is recommended so highly by Gendrin, Wood, and others, as a curative agent; and although I am not absolutely prepared to say that it was of service, yet I think it contributed to hasten the cure very much.—*Stethoscope*.

ART. V.—*Polar Cold. Probable fate of Sir John Franklin.* By Dr. KANE, Surgeon U. S. Navy.

Dr. Kane, Surgeon to the late American Arctic Expedition, has just concluded a course of three lectures before the *Smithsonian Institution*, at Washington, relative to the voyage and researches of the gallant party who braved the perils of the arctic regions in search of Sir John Franklin. We are sure we could not present to our readers anything more interesting than the following extracts from Dr. Kane's Lectures:

We left New York, a united little body of thirty-seven officers and men, in the brigantines *Advance* and *Rescue*, on the 23d of May, 1850. Twenty-five days afterwards, we sighted the rugged mountains of Greenland, and by the 7th of July, found ourselves fast in the great ice-pack of Baffin's Bay.

The Bay of Baffin serves as the great thoroughfare of the Polar ice, on its passage to the south from the far Northern estuaries which lead to the Arctic ocean. During the long winter the whole of this great Bay may be looked upon as one field of ice, which, whether moving or consolidated, is known technically as "the pack." This great body of ice does not end here. After throwing out innumerable processes into the *Fiords* of Greenland and America, it unites

with a similar mass in Hudson's Bay, passes down the coast of Labrador, and even abuts against the Northern coasts of Newfoundland and the Straits of Belle Isle. This immense area—equal to the United States East of the Alleghanies—has annual variations in extent and condition. Influenced by winds and temperature, sometimes it is one enormous agglutination, sometimes a drifting chaos, composed of grinding fragments, varying in diameter from mere "skreed," i. e. rubbish, to "fields" many miles in diameter. Among these, with terrific crash and turmoil, the "ice mountains pursue their resistless march."

The thermometer was here at the midsummer temperature of two degrees above the freezing point; indeed *ice* formed freely during those hours of "low sun," known as night in that latitude. Yet the skies were warm and sunny, and the weather to our acclimated perceptions, worthier of the Bay of Naples than of Baffin. Here, too, the bergs were numerous, and the phenomena of reflection upon a scale of marvellous splendor.

Griffith's Island was the greatest westing, the greater barrier of ice beyond preventing further progress. The ice was gathering rapidly around them. The thermometer fell to but three degrees above zero, and ice formed rapidly whenever the sea was at rest. By the morning of the 14th of September, the squadron was frozen up, fast in the ice. The habitual rule of arctic explorers is to seek a winter harbor; the present was the first recorded example of vessels caught in the open sea. Soon after the great sea of ice was in motion, northward, carrying, of course, its prisoners with it. Soon the commotion of the ice prevented fires. The thermometer fell to eleven degrees below zero. Ice formed in the bedding, and soup froze on the table. Every day new coast passed before the eyes of the party, but around them the same interminable ice. By the 20th, they had reached the latitude of 75 deg. 25 min.—a latitude never before attained in that meridian by keel of Christian ship.

We were borne along, said the lecturer, like specks upon a vast floating raft towards the unknown North! without a possibility of escape or rescue, or even effort, and without the poor chance of leaving on the shore some hurried memorial to tell where we had gone. We spoke little of these things to each other; but the reflection could not be avoided. How likely it is that Sir John's vessels may have travelled as we are doing! How possible that our fates may be the same.

Dr. Kane thinks it probable that Franklin and his party were thus borne off to the North. He says :

It really seems as if the ice had suddenly opened to the North, and that Sir John, with his daring and energetic promptitude, had pushed into this new water, without delaying to give the world behind him a notice of his course. Certain it is that the deserted encampment bears marks of hasty departure. If, then, Franklin passed to the North, continued Dr. K., why has he not returned ? The answer is conjecture. The treacherous leads may have closed upon him as they did upon us. He may have been borne as we were, imbedded in some vast ice-field. The same wind that forced the *Advance* and its surrounding ice-raft to the latitude of 75 deg. 25 min., may have blown upon him a few days longer than it did upon us. Or, more fortunately perhaps, at the outset, he may have found the water lead still open before him. In either case, a few weeks—it may be days—of progress, and he must have entered upon that dark and unknown water, which tinged our last winter's horizon as we floated on his track.

It is now six years since he passed beyond the recorded frontier of our world. What has been his fate : or rather *can he have survived* ? The consideration of this question was made exceedingly interesting by the lecturer. The casualties of arctic navigation, though frequently disastrous, are not generally attended by the destruction of life. The ice-masses which crush by the lateral pressure of incumbent weight, almost always give notice of their approach, and not unfrequently bridge the way for escape. Storms of wind are comparatively rare ; and even when they do occur, the ice which destroys the whaleship, is almost the certain refuge of her crew. In the memorable gale of 1832, of the one thousand seamen whose vessels were totally demolished, but seven lost their lives. Besides, vessels sailing in company, avoid as far as possible such a proximity as would expose both to the same peril at the same moment. The simultaneous destruction of the *Erebus* and *Terror*, therefore, the Doctor looks upon as *not at all possible*.

Nor is there much reason to apprehend that the missing party has perished from cold, or starvation, or disease. The *Igloe*, or snow-house of the Esquimaux, is an excellent and wholesome shelter. The servants of the Hudson's Bay Company preferred it to the winter hut, and for clothing, the furs of the Polar regions are better than any of the products of Manchester. The resources

which that region evidently possesses for the support of human life are certainly surprisingly greater than the public are generally aware. Narwhal, white whales and seal—the latter in extreme abundance—crowd the waters of Wellington channel; indeed, it was described as a region “*teeming with animal life.*” The migrations of the eider duck, the brant goose, and the auk—a bird about the size of our teal—were absolutely wonderful. The fatty envelope of these marine animals, known as *blubber*, supplies light and heat, their *furs*, warm and well-adapted clothing, their *flesh* wholesome and *anti-scorbutic* food. The reindeer, the bear and the fox also abounded in great numbers, even in the highest latitude attained. In a word, Dr. K. announced that, after a careful comparison of all the natural resources of this region, he was convinced that food, fuel and clothing—the three great contributors to human existence—were here in superabundant plenty.

Dr. Kane does not suppose that the sea towards which his party was drifting, and from which, if they had reached it, no tidings of them would, in all probability, ever have returned, is literally an *open*, but comparatively an *iceless* sea. And he conjectures, that it is in this region, not far to the north and west of the point which the American expedition reached, that Sir John Franklin and his companions are now probably immured; surrounded by seal, and the resources before described, but unable to leave their hunting ground and cross the “*frigid Sahara*,” which intervenes between them and the world from which they were shut out.

In the following extract a thrilling and sublime incident is graphically described:

New Year's day, exactly one year ago, (continued Dr. K.,) we found ourselves entering Baffin's Bay. Including our march up Wellington, we had drifted about four hundred miles. The premonitory cracks (fissures) had now opened into black rivers, traversing the ice for miles around like ramifying arteries. Every thing pointed to our expected ice battle.

One of these great rivers, nearly as wide as the Schuylkill, was astern of us, and over it a few nights' congelation had spread a film nearly a foot in thickness. That night—I use the word artificially, for it was *all* night with us—of the 13th, after repeated “alarms,” we were stretched out upon our buffalo robes with our knapsacks at hand, when the officer on deck called to us to hasten up. The thermometer was 40 deg. below zero—70 deg. below the freezing point;

but the night, clear and starry, enabled us to penetrate the darkness to some distance astern. A white mass, seemingly in the air, was moving, with steady march, directly upon our brig. This we knew to be the crest of a gigantic *hummock*, its ridge of crumbling ice as white in the contrasting darkness, as the foam of rolling surf. Accompanying it was the solemn orchestra of ice voices, the booming diapason of compressed floes. Presently came the mysterious cessation of these noises. The clamor ceased. We heard each other speak. A moment after came the well-known renewal,—the pup-pies, the shrieks and the locomotives. On came the crest; and now tumbling from it, we could see the heavy blocks of ice and hear their hollow coughs upon the snow-padded floes. Nearer yet, we could define its masonry, and feel the transmitted undulation of the six foot ice, which, powerful as it was, formed no barrier to its advance. Now, to our quivering ship, came a vibratory trembling that made our lips tingle, as in a cotton factory at home. The colossal mass bears down upon us—closer—six yards—three yards—six feet—it ceases: its pulse had beaten, and the mysterious interval [of silence and quiet] had arrived. All that night we waited for its renewal; but the renewal never came. Five months afterwards that great ridge of ice stood in the same position beside us, a monument of God's mercy and man's own helplessness.

Dr. Kane gave a vivid account of the most remarkable of the Arctic phenomena, from which we quote the following as possessing special interest for the physician:

The cold came upon the voyagers gradually, and by habit they were enabled to keep as warm as necessary, without fires, for weeks after the thermometer was several degrees below zero. In the second week of September, the water casks froze up, and it became necessary to quarry out the ice and melt it before it could be used. By-and-bye, the waters of the sea congealed around them, and they were glued up in fixed ice. Moisture began to be a rarity, every thing being frozen perfectly dry. The opening of a door was followed by a gust of smoke-like vapor, and outside every smoke-pipe exhaled purple steam. All their eatables froze into a mass of laughable solidification. Sugar was soon cut with a saw, butter with a chisel, and beef with an axe and crowbar!

The "crawl," the chill, the sensation of "cold" which at home is a temporary change of state, was here unknown—cold, of a highly wrought intensity, the one unvarying condition! When the mercury

froze, and the alcoholic thermometers fell below—50 deg., and 80 odd below the freezing point, regular inspections took place during and after the walks of the men. A white spot on nose, lip or cheek was the signal for a most uncharitable rubbing with snow; and many a time poor Jack, when pining for a warm stove, has been obliged to take, instead, a course of medical friction, with compulsory exercise. On one occasion a poor fellow, recovering from an attack of inflammation of the lungs, was asked by his doctor how a certain frost-bitten ear came on? “Why,” said he, producing a carefully folded scrap of an old newspaper, “I didn’t want to trouble you, Doctor; it dropped off last week; here it is.” But the most depressing feature of their Arctic winter was the darkness of its long night, when for eighty days the sun was not visible. During this season the Aurora Borealis was an almost nightly visiter. The Aurora of the far North, however, is not the splendid display, either of illumination or color, which we see in the more southern latitudes; it resembles a white moonlit cloud, impressed clearly against the pure blue of the sky. Many other interesting phenomena of the Arctic night were described by the lecturer.

At length the sun returned, gradually and slowly, until on the 10th of April the night was over, and the long Arctic day had commenced. But the return of the sun brought no additional warmth. On the contrary, the augmented evaporation and dryness were accompanied by a greater intensity of cold.

During the months immediately following the return of the sun, the entire horizon seemed lifted up and indefinitely extended. You saw on every side an inclined plane—vast and interminable except by the aerial limits of distance. Another form more startling, because more circumscribed, was that of a great circus. You looked as from the apex of a hollow cone, up a great encircling talus, whose summit was crowned by a steep and well-built wall. This effect was strangely impressive. The beholder was in the midst of a vast, apparently artificial, arena, whose centre, walk where you would, was still yourself; and whose walls, always there, conveyed the idea of a moveable prison.

Among several instances of refraction related, was the spectral land off Cape Adair. On the evening of the 10th of February, while looking over the waste of snow, a flame-like streak, some 18 deg. in length, was seen playing a short distance above the South-eastern horizon. Soon after, from its lower edge, depended a range

of rude black knobs, which quickly assumed the shape and appearance of a range of hills, hanging inverted in the air; while, at the same time, a corresponding set, not inverted, rose to meet them from below—their bases remaining beneath the horizon. The appearance of these mountains meeting at their tops was such as to make the valleys between them assume the aspect of great tunnels. The land thus resurrected was more than ninety miles distant.

On the 5th of June, as if by some miraculous agency, the ice suddenly broke up, and in twenty minutes from the first alarm, the vessels were in a sea of tumultuous ice. Five days afterwards they shook the free waters from their bows, and plunged along in a heavy sea-way, after an imprisonment of 267 days, and a drift of 1060 miles.—*Western Journal of Medicine and Surgery.*

ART. VI.—*Case of Puerperal Fever treated successfully with Opium in large Doses.* By WILLIAM KELLY, M. D., Resident Physician to Blackwell's Island Hospital, New York City.

Through information from sources not entirely authentic we have been surprised at the amount of opium administered in cases of peritonitis, in some of the New York Hospitals, recently. We have not been able to give full credit to the statements made in regard to it. Here we have a case recorded "in black and white," which, I suppose, we are bound to believe. The effects of such enormous doses as reported below, are far from being in accordance with all former observation, and we must say we should not be willing to adopt at once such heroic practice.—[ED.]

The following case of puerperal fever, treated successfully with opium, may be of interest to the readers of the Journal, not so much perhaps from the novelty of the plan of treatment that was adopted, as from the larger quantities of the drug that were required to produce the effects desired.

Mary B., spinster, aged twenty-four, healthy, was delivered of her first child in this hospital in the morning of the 14th December last. The labour had been a tedious one of thirty-six hours' duration. Through the latter portions of it I had attended her. There had been no case of puerperal fever in the house for months. There were, however, at the time, two cases of erysipelas in an adjoining ward, and I had been in attendance upon them.

On the morning of the 15th, four o'clock, A. M., twenty-four

hours after delivery, she suffered a severe rigor. At five o'clock I was called, found her with an anxious face, deep sighing, a pulse of 120, small and hard, pain and tenderness in the right iliac region over a space as large again as the palm of the hand. The lochia had ceased; the secretion of milk had not yet commenced.

Inasmuch as the usual plan of treatment by depletion, by calomel and opium, by fomentations and blisters, had been repeatedly tried in this hospital, and the Almshouse, and in other hospitals under my observation, with results by no means satisfactory, I resolved to give this patient the full benefits of an opium treatment. I felt that I had no chance of life to offer her out of this. It had been recommended by a friend of eminent ability and great judgment, who had tried it with success in a number of cases during the past season. I considered the main indication in the case to be *to allay irritation*, which otherwise would be sure to aggravate the disease and exhaust the patient. I determined to keep the system as insensible to the presence of the disease as was compatible with the continuance of life and the due performance of the functions of the body; besides this, little or nothing was designed in the way of treatment. It should be left to nature to cure the disease after the obstacles that lay in the way of her doing so had been removed as far as was in our power. The success which attends the almost pure opium treatment of dysentery, the great benefits derived from the free administration of this medicine in exhausted conditions of constitutional syphilis, and in very many other diseases, had, by analogy, recommended this mode of treating puerperal fever at its first suggestion. The result was most entirely satisfactory: within nine days of the accession of the fever, ushered in with the surest symptoms, she was well. Within this period she had taken ten grains of morphia, applied to a blistered surface, eighty-four grains by the mouth, besides seventy grains of opium. For six days she took twelve grains of morphia daily. She was seen every hour by myself or Dr. Jenkins, the assistant physician. The quality of the article was good. It was tested by giving one-eighth of a grain to a patient known to be very susceptible of its influence. In her it produced semi-narcotism for twelve hours. No function seemed to be injuriously affected by these large doses. Indeed the bowels were kept in a relaxed condition. The kidneys performed their office as usual.

The hospital records furnish the following history of the case:—

At the first visit, five o'clock A. M., December 15th, patient being in the condition described previously, one teaspoonful of laudanum (this being on hand) was administered and repeated within twenty minutes. Afterwards three grains of powdered opium were ordered every half hour till profound sleep should be produced.

7 o'clock P. M. Pulse 150, quick, hard, and small ; pupil contracted ; patient sleeps, but not profoundly ; is easily roused ; the whole body is bathed in perspiration ; abdomen tympanitic, still tender in right iliac region. Ordered a blister, twelve by twelve, over abdomen.

12 P. M. Condition the same. Up to this hour patient has taken 3j of opium ; soon after this, vomiting occurred, and probably the most of the opium administered between this and the morning was rejected.

Dec. 16th, 6 A. M. Pulse 120, fuller and softer ; less sighing, lochia not returned ; breasts painful ; manifests no concern for child ; vomiting still continues ; tympanitis gone ; abdomen vesicated. Ordered two grains of morphia to be sprinkled over the blistered surface every two hours. At night morphia in solution being tried and retained by the stomach, it was directed to be given, one grain every two hours, or in such quantities as to produce sleep. By an oversight the order for an external application was not countermanded, consequently the patient got by six o'clock P. M. six grains of the sulphate of morphia internally, and ten grains externally. At seven she was found somewhat narcotized, pulse 120, respiration seven in a minute and gasping ; pupil contracted to the smallest point ; patient did not sleep ; said she could not get her breath ; heard all that was said in the ward ; would reply to remarks not addressed to her. Ordered morphia suspended ; sinapisms and Granville's lotion to back and chest ; cold water to the head. At eight, satisfactory. Respiration normal, pulse 140. Myself or Dr. Jenkins with patient all night.

17th, 2 o'clock A. M. Pulse has been 150 during the night ; is now 140 ; patient sleeps lightly. At 3 o'clock, gave morphia, three grains. At 4 o'clock pulse 130 ; respiration seven ; morphia suspended.

8 A. M. Pulse 125 ; respiration better ; diaphoresis still continues most profuse ; no pain ; bowels moved yesterday twice ; micturition free ; indifference towards child ; face flushed and pinched somewhat ; morphia resumed, grains j. every two hours. During

this day pulse was 120. Patient slept; bowels and bladder evacuated freely.

18th, 6 o'clock A. M. Attendant asleep, room cold. Pulse 135. Patient restless; inquired whether that was her child crying. The morphia was continued at the same rate.

10 o'clock P. M. Patient comfortable all day; pulse 120. Has manifested a good deal of anxiety about her child; asked me to send her some toast and tea from my table. Thus far her diet has been thin gruel. The morphia was continued.

19th. Patient says she is "first rate." The bowels were moved three times yesterday, and as often to-day.

20th. Patient continues to do well; bowels opened six times yesterday; stools pea-green and of the consistency of soup. The lochia returned in the evening.

23d. Pulse 100. Patient has a bed-sore, but is doing well on a generous diet; cannot sleep without morphia. Milk begins to be secreted in small quantities.

27th. Patient is well, though lacking strength, and some tissues destroyed by the bed-sore. The morphia is still required, though in diminishing doses.

January, 1851. The secretion of milk has not been re-established fully, and the child has therefore been given to a wet-nurse. Otherwise Mary B. seems to have quite recovered from her illness.—*Amer. Journal of Medical Science.*

ART. VII.—*Cases of Delirium Tremens successfully treated by the Administration of Chloroform.* By STEPHEN H. PRATT, M. D., of Baltimore.

CASE I.—May 7th, 1850, I called to see E. B., laboring under delirium tremens.

E. B. had, that day, been taken from the ——— Infirmary, where he had been for the last seven days under judicious treatment for the above named disease. During the time (seven days) he had not slept any, as I had been, that morning, informed by the resident physician; and his case was deemed almost hopeless. His friends became alarmed, and (very injudiciously, I thought) removed him, and placed him under my care.

It was 1 o'clock P. M., when I saw him. He was very feeble, and much exhausted by disease and protracted wakefulness. His

pulse was feeble and frequent. There was subsultus, muttering, great incoherence, with cold and clammy extremities.

Having been advised that he had been on a mixed opiate and stimulant treatment, at least a part of the time, and having had some success previously, in the use of chloroform, I determined to use it now. Accordingly one drachm of chloroform, diluted with water, was exhibited. At 5 o'clock (P. M.) another drachm was administered; and at 9 still another, diluted as before. At 10, he fell asleep and slept till morning. At 8 (in the morning,) he waked and drank some gruel, after which he soon fell asleep and slept till noon.

He now waked with a good appetite, which he too freely indulged by partaking of soup. However, he was quite comfortable during the afternoon, and slept well through the night. Next morning he vomited two or three times freely. The emesis was not violent, and was easily controlled. From this time, paying strict attention to his diet, he rapidly convalesced.

During this sickness no medicine was exhibited but chloroform (not even aperients), and this but three times. On the fifth day, the patient left the house to attend to his affairs, and was soon in health.

CASE II.—Was called to see J. H., June 4th, 1851, laboring under delirium tremens. Put him upon a mixed opiate and stimulant treatment through the day, and exhibited opium in full doses through the night. This was continued two days and nights, without benefit. Indeed the patient grew worse. The third morning I put him upon: *R. Spts. sulph. ætheris. comp., tinct. valerianæ, ana ʒiiss; to take ʒiii every two or three hours, intermediately giving tinct. opii. At 8 P. M., gave a large opiate. At 10 P. M., gave tinct. opii. ʒj. At 12 repeated the dose; and at 2 again repeated it. All this time the patient grew worse, and became "furiously delirious," frightening all the household.*

Three men were appointed to prevent him from jumping out of the windows (several attempts at which he had made), or otherwise injuring himself. At times he was a match for them all. At length he grew weak, becoming more and more prostrated by his great exertions. The family become alarmed, and wished further advice. A consulting physician was called in. A hot stimulating pediluvia and an opio tartar emetic treatment was agreed upon.

I suggested chloroform internally, which was not wholly objected to, though not preferred by the consulting physician. Accordingly

the former was tried, but unfortunately without success, the patient rapidly growing worse.

He was now beyond control, a raving maniac, a terror to all present. His pulse was feeble and frequent; so frequent it could not be counted with the existing tremor. His tongue was dry; there was also muttering, subsultus, and perfect incoherence, with cold and clammy extremities.

Under these circumstances, I determined to exhibit chloroform as a dernier resort.

A teaspoonful nearly, diluted with water, was administered. After one hour, the following was given: *R.* Spts. sulph. ætheris comp. tinct. valeriana, aa f3ii, chloroform f3i (at a draught.)

(The compound spirit of sulphuric ether and tinct. valerian were added in order to obviate, if possible, the danger of fatal prostration.) Fifteen minutes after its exhibition, the patient fell asleep, and slept soundly three and a half hours. Meantime, perspiration ceased; his extremities became *warm*; his pulse grew *calmer, fuller and firmer*. He then awoke much refreshed and quite rational, and had a free, natural dejection.

Three teaspoonsful of the mixture, *R.* Hoff.'s anodyn. and tinct. valeriana, with half a teaspoonful of chloroform, were then exhibited. After this, he washed his hands and face, and bathed himself generally. In one hour, I exhibited f3iv of the mixture, with f3i of chloroform, and persuaded him to lie down. In a few minutes he was asleep, and slept comparatively soundly four hours, when he arose, went down stairs, and evacuated his bowels. In fifteen minutes he was again asleep, and slept three hours, when he waked and drank a tumbler of milk, took a dose of spts. sulph. ætheris comp. and tinct. valeriana; fifteen minutes afterwards he was asleep again, and continued sleeping through the night, rising, meantime, but once.

In the morning he rose, drank some milk and beef tea, and after evacuating his bowels again went to sleep. His pulse was now good; extremities warm, glowing; subsultus greatly diminished; delirium almost entirely wanting. He slept till about noon, and then waked still more tranquil. During the afternoon, he slept and waked alternately, and rested well the following night. His sleep was not comatose. When awake, he was wide awake, cheerful and lively. A day or two passed thus as he rapidly convalesced. On the 9th, he was walking about the city a comparatively well man. He has continued well since.

Such are the facts. From a furious delirium, with subsultus, perfect incoherence, cold, clammy extremities, a feeble, fluttering, frequent pulse, costiveness, &c., by the tranquilizing and peculiar (shall I say specific ?) influence of chloroform, he was *rescued*, in a little more than an hour, and thrown into a condition the most favorable possible ; from which, in a few days, he was restored to his usual health. No emesis, or irritation of the bowels, occurred. No cathartics were exhibited, yet gentle motions followed the administration of chloroform.

The *methodus medendi* of this wonderful agent, I will not here attempt to explain. Facts are of more importance than inferences, and if, by this contribution, I add one to the *facts* already recorded, I shall be satisfied.—*Amer. Jour. of Med. Science.*

Baltimore, August, 1851.

ART. VIII.—*A Case of Chlorosis, accompanied by Obstruction of the Bowels, which continued thirty-seven days.* By Dr. P. S. SHIELDS, of New Albany, Ia.

The following case of *Chlorosis*, will probably be interesting to the medical profession from the anomalous symptoms developed during its progress. The subject was a young lady, Miss R—, aged eighteen years, of a rather tall, slender form ; dark eyes and hair, and fair skin. Her habits were rather sedentary. She was at the time her health failed, pursuing a course of study in a Female Seminary in this city, and applied herself diligently to her studies, continuing them to late hours at night. Her catamenia from their first appearance have been either irregular in time, or deficient in quantity ; consequently her health has not been good. The last appearance of her menses was during the time of her examination in July last, prior to graduation. From this time her health continued gradually to decline. Her lips and cheeks soon became exsanguinous ; her eyes lost their lustre ; skin became pale, cool and dry ; her pulse grew more frequent and feeble ; her extremities cool ; bowels torpid ; appetite defective ; she was troubled by a sense of stricture and oppression in the chest, and a pain in the region of the heart, accompanied by frequent attacks of palpitations. Yet auscultation revealed nothing of organic derangement in this organ. She frequently suffers from pain or giddiness of the head, and indistinct vision ; but there was no other cerebral disturbance. There was also occasionally pain across the loins. Her urine was generally limped and

more copious than natural, and was, often tinged by the coloring matter of the articles of medicine she was taking. Sometimes it was turbid. About the 15th of September, a blue spot, of a crescent shape, two and a half inches in length and one in breadth, appeared under each eye; which in a day or two became of a dark indigo blue in the centre, fading towards the circumference into a light sky blue. They were seated immediately on the malar bones, extending from the nose beyond the external canthus of the eye, leaving the eye-lids and cellular texture beneath of the natural hue. They had the appearance of having been painted, and gave to the physiognomy a most singular appearance. They continued permanent for nearly three months, occasionally a little darker at one time than another. On the 19th of October, she ceased to have any further action of the bowels. The food taken was retained one or two days in the stomach and then thrown up, either by vomiting or eructation, generally almost unchanged, and very seldom having the least taste or smell of acidity. There was no sensation of pain or motion in the abdomen, and no unusual fullness, hardness, or contraction of the abdominal muscles. Dr. H. M. Dowling, the attending physician, was called in about this time, and directed his treatment principally to the removal of the constipation of the bowels, and during the next fifteen days gave sixty grains of calomel divided in three different doses, with the same quantity of pulv. jalap., and senna and sulph. magnes., castor oil and aloetic pills, in large quantities. The most of these medicines were retained, and were followed at different times by various cathartic enemata.

Oct. 25th.—I saw the case for the first time in consultation with Dr. Dowling. We now determined to try the effect of distending the colon by injecting large quantities of warm water with spirits of turpentine. A flexible tube was accordingly introduced ten or twelve inches up the rectum, and from two to three quarts of warm water, with two table-spoonfuls of spirits of turpentine were thrown up once each day, and smaller saline enemata at other times during the day. They were generally retained from twenty to thirty minutes, when they came away unmixed with any fecal matter; except on one occasion, when a very small amount was passed, in size about as large as a hazel-nut, perfectly natural in color and consistency.

Nov. 6th.—Symptoms unchanged, and no alvine evacuations. We now prescribed one drop of croton oil in pill, with *sapo. hisp.*, every four hours. The stimulating enemata to be continued.

8th.—She now retains her food well, and has taken and retained ten drops of an excellent article of croton oil ; but still has had no alvine dejection, nor felt any pain, uneasiness, or sensation of motion in the abdomen. Prescribed blue mass, 3 gr., morning, noon, and night ; as also, tinct. aloes 2 oz., tinct. cardamom., 1 oz. ; mix, and take 1 oz. morning and evening.

10th.—No change in the symptoms. Medicine continued. Urged to take as much nourishment as the stomach would retain. We now resorted to electricity in the form of Morehead's graduating galvanic battery. The current of electricity was sent in all directions through the abdomen and pelvis, and continued for fifteen or twenty minutes, morning and evening of each day.

15th.—During the last twenty-four hours, she has felt a sensation of motion in the abdomen, as if the intestines were slightly distended by flatus. The sensation is more pleasurable than painful ; and there is rather more fullness of the abdomen. Her appetite and strength are improving ; pulse fuller, and skin warmer. The same treatment continued.

16th.—Symptoms same as yesterday.

17th.—She had, this morning, a free fecal evacuation, of a very natural color and consistency ; and presenting no appearance of having been long retained, or of there being any unusual accumulation of it, and unaccompanied by the least pain or uneasy sensation. The same treatment was continued, only that the electricity was used once each day, and two grains of the hydrogenated ferruginous preparation of M. Quesneville were given, morning, noon and night.

24th.—Her general health is much improved ; less anemia ; skin of natural temperature ; pulse more full, and less frequent, regular daily fecal evacuations, of a healthy color and consistency ; and appetite and strength improving. Electricity and blue mass discontinued. She has now taken, in the course of treatment, sixty grains of calomel, and about the same quantity of blue mass, without being mercurialized in the slightest degree. Continued the iron and tinctures.

Dec. 5th.—General health so much improved that she does not need to lie down during the day ; but she is much depressed in spirits from an apprehension of the permanent continuance of the blue spots under her eyes. Continued the iron and the tinct. aloes and cardamom. Prescribed unguent. iod. potas. by friction to the blue spots, morning and evening.

12th.—Patient much elated at the rapid and entire disappearance

of the discoloration under the eyes, which took place to a great extent in twenty-four hours after the first application of the ointment. The general treatment to be continued.

23d.—Her health is about the same, with the exception of a frequent irritable cough, without expectoration, which is more frequent at night. Since the last report, the blue discoloration beneath the eyes reappeared slightly, but was immediately removed by the application of the iodine ointment. Prescribed for the cough the following: R. Acid. hydrocyan. gt. 32, syr. tolut. 2 oz, aq. distil. 2 oz.; mix, and take ss. dr. every four hours.

Jan. 3d.—Cough relieved, and general health again improving. Electricity resumed.

Jan. 10th.—Her health is now as good as it has been at any time during the last two years. The precordial symptoms have entirely disappeared, but up to this time there has been no return of the menses. Electricity omitted; the iron, with the tinct. aloes and cardamom to be continued in conjunction with the daily use of injections of a dilute solution of aq. ammoniæ.

12th.—She left the city this morning on a visit to her friends. The injections are consequently omitted, and the tinct. guaiacum of Dewees prescribed.

REMARKS.—1st. The long continued concentration of the intellectual powers upon her studies, and the consequent neglect of exercise, and other physical means of promoting health, was clearly the cause of the chlorosis, and of the suppression of the menses, which latter was a consequence and not the cause of the disease. This conclusion is fully sustained by the great improvement in her general health, without the return of her catamenia.

2d. The obstruction of the bowels, was caused by defective innervation, producing almost complete paralysis of the intestinal canal. The correctness of this opinion is rendered probable by the complete success of electricity and tonics, after the most active cathartics had failed to produce intestinal action; and further, by the entire absence of pain or uneasiness in the abdomen under the use of the latter.

3d. The insusceptibility of the system to the specific effects of mercury doubtless resulted from the same cause; it was not absorbed and carried into the general system.

4th. The kidneys probably performed a vicarious function, in this case, eliminating matters, which should have been evacuated by the

bowels, and preventing any serious accumulation of feculent matter in the large intestines.

5th. The discoloration beneath the eyes appears to have arisen from a real deposit of coloring matter in the pigment-cells of the skin. The ointment of the iodide of potash stimulated the absorbents, causing them to take up and convey away this pigment.

January 20, 1852.—*Western Journal of Medicine and Surgery.*

ART. IX.—*Paracentesis Thoracis in a case of Acute Pleurisy.*—
Reported by Dr. WILLIAMS, of Boston.

The patient, a married woman, æt. 31, called on Dr. W. Aug. 27th, complaining of difficulty in breathing, cough, and pains in right side. Her appetite was good, the tongue nearly clean, and the dyspnœa not greater than might accompany her situation, she being six months advanced in pregnancy. Ordered rest, demulcent drinks, and synapism to right side. On the 3d of September Dr. W. was sent for to see her, and found much dyspnœa, inability to lie on left side, and pain on making a full inspiration. Pulse 108; cough troublesome. Patient had been unable to sleep the previous night, and could not assume the horizontal position on account of the dyspnœa which results.

Puerile respiration in lung. Dullness on percussion, with absence of respiration and ægophony on right side, as high as an inch above the nipple. The level of dullness changes with position of patient. In consultation with Dr. Bowditch, of Boston, the operation of paracentesis was decided on, and the chest having been punctured by an exploring trocar, about an inch below the angle of the scapula, twelve ounces of serum were drawn out through the canula, by means of a stomach pump. Not a particle of air was admitted, and it was not necessary to cover the slight punctural wound with any protecting plaster. The dyspnœa was relieved, and the pulse increased in strength immediately after the operation. Instead of being threatened with suffocation if she took the recumbent position, she was able to lie even upon the left side and enjoy refreshing sleep.

A blister was ordered to be applied to the affected side. All the symptoms improved from the moment of the operation. A second effusion took place, but not sufficient to cause dyspnœa, and under the use of the iodide of potassium, with counter irritation to the

side, she rapidly recovered; and, on the 20th September, seventeen days after the evacuation of serum from the pleural cavity, she was able to sit up all day, and attend to most of her household duties.—*Amer. Jour. of Med. Science.*

ART. X.—*Dislocation of the Femor downwards, reduced after two months.* By PROFESSOR W. STONE.

Mr. B., a very athletic man, was received into my Infirmary August 21st. He stated, that on the 22nd of June, in Western Texas, while taking shelter from a storm, the house was blown upon him causing him serious injury, which confined him, over a month, when he was able to move, by the aid of crutches, and finally made his way to my Infirmary. The thigh was greatly abducted, slightly flexed, and lengthened to an unusual degree; apparently four or five inches, and it gave great pain to move it to any extent. The reduction was effected by making extension and counter extension, in the usual way, to dislodge the head of the bone. The patient was placed upon his back, and the extension made in the direction in which the limb was found. When it was deemed that sufficient extension had been made, lateral force was applied to the upper part of the thigh, by means of a sheet, of which I took one end, and two strong men the other. The body was carried laterally, the knee being fixed by the extending band, until the limb was on a line with the body, or perhaps a little abducted, when I put my foot against the head of the ilium and gave one strong pull, nearly to my full strength, when it yielded with a sound as if lacerating a firm tissue. The limb could be abducted and moved in any direction; but as soon as the effect of chloroform subsided, there commenced more pain on the inside of the thigh, and in the course of the obturator nerve than in the joint, which lasted several days. After the patient was put to bed, the limb appeared, in some positions of the body, to be an inch or more longer than the other; indeed about as much lengthened as is usual in dislocation into the thyroid hole. As soon, however, as the pain and soreness subsided, so as to allow the limb to be straightened, a careful measurement, from fixed points, showed that it was the same length as the other; the apparent lengthening being produced by the obliquity of the pelvis, caused by walking upon crutches and leaning to the sound side, to maintain the centre of

gravity. The limb was slow in recovering strength, but the patient, at the present time, walks about the city with the aid of a cane.—*New Orleans Med. Register.*

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On the Protective Power of Vaccination.* By S. ANNAN.

The following views upon this subject have recently been promulgated at a meeting of the Royal Medical and Chirurgical Society of London:

Dr. Gregory, the physician of the smallpox hospital, stated that, from the year 1844 to 1850, 2854 cases of smallpox had been admitted; and that of these, 1500 were after vaccination. The whole number of deaths had been 579; and of these only 75 were amongst the vaccinated portion. He also gave his opinion that the protection afforded by vaccination up to the period of puberty, fifteen years of age, was equal to that afforded by inoculation for smallpox all through life. After fifteen, the system was subjected to another law. Previous to that age, we might banish all fear, inasmuch as cases of smallpox after vaccination were exceedingly rare; but after that period, vaccinated persons were liable to a first attack of the disease, and were exposed to the chances of a second attack at fifty or sixty years of age. Inoculation gave one attack of smallpox, and there was an end of it. With a few rare exceptions, in the cases of particular families and individuals, there was no second or third attack. Modified smallpox was unknown up to the year 1817, about fifteen years after vaccination was first performed. The cases of this disease had gone on increasing since the year 1825, and the results now were, that fifteen hundred patients had been admitted into the London smallpox hospital, in seven years, with smallpox after vaccination. Most of these were modified, but many were of a severe form of the disease. The deaths from

smallpox after vaccination might be said to be a little above five per cent.; in some places, as at Copenhagen, it was as low as three per cent. He had never seen modified smallpox in the young, either in public or private practice; neither had he read of it in books, or heard of its occurrence abroad. It was only to be found occurring in the adult. He hoped the statements advanced would not shake the confidence of the public in vaccination. Even if vaccination prevented smallpox only in one-half of the cases in which it was performed, it was a great protection; and as it was shown by statistics that about half the population died before the age of fifteen, it afforded to that half, at least, perfect and complete protection.

Drs. Mayo and Copeland were of opinion, as the result of their experience, that the protective power of vaccination, until the age of fourteen, was more complete than that of inoculation; that a greater number became affected with smallpox after inoculation, than after vaccination; and that more of the inoculated died than of the vaccinated.

Dr. Gregory also stated, that he regarded re-vaccination as a proceeding of very little moment. It satisfied the mind of the public, but did not effect any real good. It was an error to suppose it afforded any additional protection. After fifteen years of age, the constitution began to be susceptible, for the first time, to the influence of smallpox, and the susceptibility increased up to middle age and maturity. There was but one mode of adding to the protective power of the first vaccination, and that was by inoculation with smallpox matter after the age of fifteen. Cazenave and others had performed in France many experiments, which proved that inoculation after fifteen, in persons previously vaccinated, did not produce a vesicular or pustular eruption, but only a papular one, and that this was not contagious. This he knew to be true, and he firmly believed it served as a protection for life.

With respect to the indications afforded by the appearance of the cicatrix, as to the perfect or the imperfect performance of vaccination, Dr. Gregory remarked, that he thought it had been long ago conclusively settled that no conclusion whatever could be drawn from the appearance of the cicatrix. If a good cicatrix were found, then you might be satisfied that the vaccination had been perfectly performed; but if the cicatrix was imperfect, you had no right to assume that the patient had not been well vaccinated; for, in these cases, the process of reparation might have been quick, there might

have been little inflammation, or there might be other causes to account for the imperfect cicatrix. He had long ago published cases on this point.

Dr. Addison inquired of Dr. Gregory, what his impression was respecting the identity of smallpox and chickenpox? Dr. Gregory answered that the diseases, though bearing some relation to each other, were undoubtedly different and distinct in their nature. In proof of this, it had been demonstrated, that genuine vaccination had been received before and after the occurrence of chickenpox. The occurrence of the latter previously, made no difference in the development of the former. In addition to this, the two diseases might go on together in the same person. None of these modifications have ever been witnessed in cases of smallpox and vaccination.

Dr. Marshall Hall stated, that sometimes a child resisted vaccination; and he desired to know from Dr. Gregory, whether it was still liable to take the smallpox? His own son had been vaccinated fourteen times without effect. No vaccine vesicle ever formed. At thirteen years of age, he was observed to be covered with an eruption. Some of the spots once exhibited the form of distended vesicles, of moderate size, observed in chickenpox. Others of the spots went through the regular course of hornpock, occupying five or six days. One or two on the face left distinct pits, the result of sloughing, as seen in smallpox. Dr. Hall added, that such a case seemed to demonstrate the insecurity of the patient, when vaccination had failed several times, and to confirm the opinion of Dr. Thompson, that varicella and modified smallpox were the same disease, for in it they occurred simultaneously. Dr. Gregory replied, that he had no hesitation in saying that the variolous poison had done its worst; and though Dr. Hall's son might have the ill luck to contract secondary smallpox, the great probability was that he would not.

At the same meeting of the society, several cases were narrated, of second and third attacks of smallpox; some of them after inoculation, and some after natural smallpox. In one of the cases a gentleman who had been vaccinated in infancy, when three months old, had three attacks of smallpox; one when he was six years old, a second when he was eleven, and he died in the East Indies, of the third attack, when he was twenty-three years of age.

This must be regarded as an extremely interesting discussion:

partly from the nature of the subject, and partly because several of the most eminent physicians of Great Britain participated in it. It would appear that we are at last arriving at a proper knowledge and a just appreciation of the value of vaccination. While we must admit with Chomel, that "we cannot fairly exact more from vaccination than from the smallpox itself," if Dr. Gregory's opinions are well founded, that every individual after fifteen years of age, although fully protected up to the time by the power of the vaccine disease, is liable to be attacked by smallpox, and that re-vaccination is of no manner of service, there is great room for apprehension that as the general force of vaccination diminishes in large communities, the smallpox contagion may acquire an augmentation of power, and, at length, come to predominate. Dr. Gregory informs us, that the cases of smallpox after vaccination have gone on increasing since 1825. If this increase should be progressive, as must necessarily happen under existing circumstances, it is manifest that, in time, smallpox will preponderate, and the beneficial effects of vaccination wear out. As the force of general protection is lessened, the power of general predisposition will become greater, and we shall be compelled to resort to some additional means to prevent a return to the old epidemic ravages of smallpox.

At the present time, although we have occasional examples of persons dreadfully disfigured, and of death from smallpox after vaccination, the number is not so great as to cause much alarm. The improvement upon the old state of things is inestimable. In England, previous to the introduction of inoculation, one-tenth of the total mortality was occasioned by smallpox. After inoculation was introduced, it fell to one-fourteenth; but now, when vaccination is general, the deaths from smallpox are about one in eighty-five from all diseases; thus amounting to only one-sixth of the ratio, when smallpox inoculation was the sole preventive.

If matters should threaten to become much worse, and the number of cases subsequent to vaccination go on progressively increasing, we are not shut up to patient endurance of the evil, but can have recourse to inoculation after puberty, depending upon vaccination up to that period. If the views at present entertained as to the mildness of smallpox communicated at that time, and as to its protective power being complete for the remainder of life, should be fully established by repeated trials, and by time, our situation will be far from being deplorable. In the meanwhile, each adult may hope

that the protection in his own case, although not perfect, is sufficient to prevent an attack of this loathsome disease, or to modify it, if it does appear.—*Transylvania Medical Journal*.

ART. II.—*On Bloodletting in Children*. By HENRY DAVIES, M. D.

Dr. Edward Williams, of Dublin, remarks, in treating diseases of children: "They bear bloodletting badly, with not unfrequently fatal results; much caution, therefore, is required, and the bleeding from leeches is difficult to check." In reply to this, I must observe, with all due deference to Dr. Williams, that, from considerable experience in the diseases of children, both in private and public practice, and also in various climates, I have arrived at the very opposite conclusion, having found almost invariably, that in acute diseases of the head, chest or abdomen, children bear bleeding very well, and with the most marked and beneficial results, provided they are promptly bled to such an extent as to make an impression on the system, consequently on the disease. The mistake frequently is, by taking blood from a child in too small quantities, as by a leech or two, day after day, successively, whereby the child is weakened, and no impression made on the disease. In this opinion I am borne out by good authorities. Dr. John Clarke says, in his *Commentaries on the Diseases of Women and Children*, p. 152—"Very young children bear very well the loss of blood, even to fainting, once or twice, but they ill bear a more frequent repetition of bleeding." Dr. Dewes says, "The complaints of children are almost always acute, and of the sthenic kind, hence the necessity and success of evacuations in almost all of them." (Page iv., preface to *Diseases of Children*.) It is scarcely necessary to add that he prescribes bloodletting in children in every inflammatory disease. Billard devotes a long chapter to the subject of bloodletting in the diseases of infants, in which, after observing the liability to inflammation and congestion, he says,—"In consequence of which, bloodletting, when properly employed, is attended with less hazard than in adults. and their inflammatory diseases are much sooner relieved by early bleeding." (Billard, Appendix, p. 573, translated by Stewart.) Maunson and Evanson observe: "In the child more particularly, bleeding is required in the first stage of all acute inflammations. It may be practised with safety in the youngest infant, provided we hold in view the relation between the necessities of the case and the strength

of the patient: the only true rule applicable to depletion in old or young." (Page 148, "Infantile Therapeutics.") Dr. Gooroy Kennedy, if my memory serves me right, recommended the application of leeches to infants immediately after birth, in cases of congestion of the head. Dr. Ure, in his "*Materia Medica adapted to the Treatment of the Diseases of Infancy and Childhood*," has devoted several pages to the subject of bloodletting, and has the following apt quotation from Celsus: "In mittendo sanguine, non tam annas medicus numerare quam vires ægrotantis estimare debet."

I will not prolong this paper, except to briefly mention the three following cases as illustrative of the above remarks. The first shows the marked benefit resulting from taking blood from the jugular vein, in a case of very formidable convulsions occurring in a child ten months old, and which is stated more fully in the tenth edition of Underwood, under the head of the effects of Narcotics in Children, page 144. The subject of the above case is now an intelligent youth of eleven years of age. The other two are not of so acute a form, but equally illustrative.

In May, 1844, I was attending two children with scarlatina, attacked simultaneously; the one was four, the other two and a half years old. The younger was a wayward, unmanageable child, and died; the other was more controllable, and had got over the eruptive stage, but was still hot, restless, and had a frequent pulse. Dr. G. Gregory was in attendance with me, and advised that she should be bled. Between four and five ounces of blood were taken from a vein in the arm; we waited during the operation, and watched the result: the child was faint, but from that time improved, had no secondary fever, and recovered with a very little more medicine than a dose or two of jalap. She is now a tall and active girl, and in her twelfth year.

In the spring of 1849, I was requested to see a little boy, in his sixth year, in consultation with two other physicians. He had, at that time, gastric fever of three weeks' standing, which had supervened on pneumonia, and for which he had been bled, by cupping. When I first saw him, the pulse was quick and wiry, the abdomen tense, and exquisitely sensible to the touch, accompanied by frequent paroxysms of violent pain, sleepless and restless nights, with moaning. No sensible relief was obtained by medicine. Dr. Tweedie joined us in consultation; and the application of six leeches to the most painful part above the umbilicus was advised. The other

gentleman demurred, on account of the feeble state of the child ; however the leeches were applied, which prostrated him much at the time ; but, on visiting him in the evening we found him better. He passed a tolerably good night. The day following, a moderate-sized blister was applied over the part, and its effects watched. The result was most favorable ; the child from this time gradually convalesced and is now a stout, healthy boy of eight years of age.—*Lon. Lancet.*

ART. III.—*On Cod-Liver Oil in Phthisis.* By Dr. WALSHE.

The following conclusions as to the value of the cod-liver oil are taken from the author's recent work on "Diseases of the lungs." He says :

1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent.
2. That its power of *curing* the disease is undetermined. I mean here by curing the disease, its power of causing, along with suspension of progress, such change in the organism—generally as shall render the lungs less prone to subsequent outbreaks of tubercles, than after suspension occurring under other agencies.
3. That the mean amount of permanency of the good effects of the oil is undetermined.
4. That it relatively produces more marked effects in the third than in the previous stages.
5. That it increases weight in favorable cases with singular speed, and out of all proportion with the actual quantity taken ; that hence it must, in some unknown way, save waste, and render food more readily assimilable.
6. That it sometimes fails to increase weight.
7. That in the great majority of cases where it fails to increase weight, it does little good in other ways.
8. That it does not relieve dyspnœa out of proportion with other symptoms.
9. That the effects traceable to the oil in the most favorable cases are : increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness, with cough, and gradual disappearance of active physical signs.
10. That in some cases it cannot be taken, either because it disagrees with the stomach, impairing the appetite (without itself obviously nourishing), and causing nausea, or because it produces diarrhœa.

11. That in the former case it may be made palatable by association with mineral acid, and in the latter prevented from affecting the bowels by combination with astringents.

12. That intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two after cessation of hæmoptysis, without any return taking place.

13. Diarrhœa, if depending on chronic peritonitis, or secretive change, or small ulcers in the ileum, is no contra-indication to the use of the oil; even the profuse diarrhœa caused by extensive ulceration of the large bowel is not made worse by it.

14. That the good effects of the oil are, *cæteris paribus*, directly as the youth of those using it,—a singular fact, which probably may one day (when the textural peculiarities of youth and age are better understood), aid in giving a clue to its mode of action. (Vide Report.)—*Ranking's Half-Yearly Abstract*.

ART. IV.—*Obstinate Sciatica Cured by Inoculation with Morphia.*

By CHARLES BRACKETT, M. D.

[Narcotic Inoculation in neuralgia was some time since proposed by Mr. Rhynd, and carried into effect by means of an instrument which he devised. The following seems to be a trustworthy case, and exhibits the benefits of the treatment in a very advantageous light:]

The patient, aged 50, of a spare habit, but large and muscular frame, and active disposition, had suffered for the past ten or fifteen years with occasional rheumatic attacks, affecting generally his upper though often his lower extremities and back. The pain, and weakness in his back, and in the course of the sciatic nerve for the past two years, had been persistent, so that he needed the aid of a cane when walking; for the past few months he had been confined to his bed, suffering such pain as only the victim of neuralgia has any knowledge of. The author had tried most of the medicines which could give him relief, both in the form of internal and external medication; at length he concluded to try this plan of inoculation.

He began about the origin of the nerve, and inoculated with paste morphine and castor oil, about every four inches, down to his heel, which was as far as he felt any pain. That night he rested better than he had for a long time previously, the pain being entirely

removed along the track of the inoculations; towards morning the pain attacked the anterior tibial nerve, where previously it had never existed, and where it became as acute as ever it had been on the posterior part of the leg. The author followed this pain up with scarifications, putting in as much of the paste as he dared do in from four to six punctures made with the point of a thumb-lancet at each place of inoculation. At this time he made the points of inoculation about three inches apart from the knee to the middle of the dorsal surface of the foot, so far as the pain existed; it ceased, and at his next visit it had appeared in the plantar nerves. He next scarified and inoculated the sole of his foot, and from that time till his death, he never suffered from any pain about that leg.—*N. W. Med. and Surg. Jour.*

ART. V.—*The Itch cured in Two Hours.*

Dr. Bazin, Physician of the Hopital Saint Louis, of Paris, introduced not long ago a notable improvement in the treatment of the itch, since he succeeded in curing the disease in *two days* by general frictions with the sulphur ointment. Dr. Hardy, who succeeded Dr. Bazin in the Scabies wards of the same hospital, has, however, considerably curtailed this already short time; he cures his patients in *two hours*. The method is described as follows: Patients are no longer admitted *into* the house for the treatment of the itch, as two hours suffice to render contagion impossible and the recovery almost certain. The patient is put into a warm bath, and rubbed for an hour with yellow soap; he then passes into a clean bath, where he continues to cleanse his skin for another hour. After leaving this bath he is taken to a particular room fitted for the purpose, and, with the aid of one of his fellow-sufferers, he is rubbed all over for half an hour with the following ointment: Axunge eight parts, flour of sulphur two parts, carbonate of potash one part. After this friction, the patient is examined and sent away cured, though sometimes pretty numerous vesicles on the hand and elsewhere remain unaltered. Dr. Hardy states that out of one hundred cases he has hardly had two or three relapses. The number of itch patients had considerably diminished, as none are now turned away for want of room; and the disease has thus spread with much less rapidity.—*London Lancet.*

ART. VI.—*Rules for Bleeding in Pneumonia.*

The following judicious remarks by Dr. Bennett, are perfectly in accordance with our own experience :

If we are called to a case at a very early period before exudation is poured out, and before dullness as its physical sign is characterized, but when, notwithstanding, there have been rigors, embarrassment of respiration, more or less pain in the side, and commencing crepitation, then bleeding will often cut the disease short. This state of matters is rarely seen in public hospitals. When, on the other hand, there is perfect dullness over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air-cells, and can only be got rid of by that exudation being transformed into pus, and excreted by the natural passages. In such a case bleeding checks the vital powers necessary for these transformations, and, as a general rule, if the disease be not fatal, will delay the recovery. I believe this to be the cause of so much mortality from pneumonia in hospitals where bleeding is largely practised, for, in general, individuals affected do not enter until the third or fourth day, when the lung is already hepatized.—*Edinburgh Monthly Journal.*

ART. VII.—*Prurigo of the Genital and Anal Regions.*

Various remedies are from time to time recommended in the journals for this disagreeable and obstinate affection. The London Lancet, for December 15th, gives an application of M. Tournie's, as having been used with much success. "The affected spot is to be rubbed twice a day with calomel ointment, (one or two drachms of calomel to an ounce of axunge,) and, after each application, dregged with a powder, consisting of four parts of starch to one of powdered camphor." We have used a great variety of applications for the relief of this unmanageable affection, and have derived most advantage from a cerate made of calomel (3i,) in Goulard's cerate (oz. i.) *Med. Examiner.*

ART. VIII.—*Discovery of the Male Acarus Scabiei.*

One of M. Cazenave's pupils, M. Lanquetin, has just found the male acarus scabiei upon the hand of a patient affected with the itch. It seems that this acarus had long been sought for but in vain, and some works on skin diseases do not even mention its existence. As this parasite is very small, being less than half the size of the female, it had hitherto escaped detection.—*L'Union Medicale.*

ART. IX.—*Case of Paraphlegia, Successfully Treated by the Ergot of Rye.*

Dr. Gerard, chief Physician of the Hotel Dieu, of Marseilles, has published in the "Bulletin de Therapeutique," three cases, where from ten to forty grains of the ergot of rye have cured paraphlegia of the inferior extremities. In the first case the paraphlegia had lasted four years, in a man of thirty-nine; the ergot was administered in the dose of ten grains per diem, and gradually increased to forty. In three months the man was quite well. The second case refers to a man of twenty-nine, whose affection was caused by intemperance; he was cured in two months by the same means. The third patient, aged twenty-three, had suffered both from paraphlegia and anæsthesia, after having been much exposed to dampness in Algeria. The cure by the ergot was effected in three months.—*Med. Examiner.*

SURGERY.

ART. X.—*The Treatment of the Hip-Joint Disease with the Straight Splint.* By J. COOPER FORSTER, F. R. C. S., M. B., Lond., Surgeon to the Surrey Dispensary, and the Royal Infirmary for Children.

The subject named is one of such vast importance to the welfare and comfort of numerous individuals, that I am sure I need not apologize for troubling you with a short and concise account, illustrated by cases, of treating it in a way first, I believe, advocated by a late much-lamented surgeon, Mr. Key,* and which, in my own practice, I have ever since carried out. I freely confess that the plan I recommend is one that is not unattended with some little trouble to the surgeon, and requires constant attendance and watching; and, therefore, I fear, perhaps a numerous class of patients will be frequently neglected, and a class indeed to whom it is of the greatest importance that a very serviceable leg should be obtained: I allude of course to the poor. From my experience amongst them, what with previous neglect and misapplication of remedial measures, or the total indifference of parents, many children and young lads are doomed to drag on either a miserable existence, a burden to them-

* I may remark that it was never applied in more than two cases of Mr. Key, and they were both under my inspection at the time I was dressing for him.

selves or families, or terminate their lives at a premature age. I should be extremely sorry to cast opprobrium upon any member of our profession, but I think it must have been the lot of many to have seen disease of the hip-joint in all its stages, often miserably neglected by the surgeon, from a belief that little can be done except place the patient in a recumbent posture, with perhaps a pillow or so beneath his knee. Now besides the simple horizontal posture, I believe the greatest amount of good may be accomplished by also applying such local measures as will ensure the patient a useful member, after the subsidence of the inflammatory symptom, and not supposing that Nature dictates the proper position in which the limb should be placed for future use, though she undoubtedly fixes it in the most comfortable posture for the present. For example, no one can believe, I should imagine, that the bent position is the most useful one for an ankylosed knee-joint, nor indeed is it, as far as my experience leads me, the most useful for the hip-joint, whether perfectly fixed or not, and yet it is the position which all the cases of disease of the hip-joint would acquire if left to nature; and, indeed, two joints become contracted, inasmuch as the knee always is flexible likewise; and no one, I think, can doubt that the straight is the most useful. The treatment I advocate is not by any means easily applied in what is called the third stage of the disease, where supuration is established, and an opening or openings formed; but as it is common to see this complaint in the first two stages, and in either of them the straight position is with very little trouble obtained, the treatment I offer is of course most applicable at those times.

CASE 1.—J. W——, aged fifteen, living at Vauxhall, a pale, strumous-looking lad, has always had good health, came under my care, February 1st, 1850. The history he gave was, that five months previously he had received a kick in the upper and forepart of the thigh, which caused considerable pain, and had continued more or less, until I saw him. At the end of two months after he received the kick, he began to limp, and the pain became more severe; and one month afterwards he was compelled to keep his bed; blisters and poultices were applied just below the groin, as there appeared, it was said, some swelling. As he had not improved much by the end of two months more, I saw the lad, and then found him lying on the left side, with his right leg flexed, an absence of the fissure in the groin, and a certain amount of fulness in the upper and fore part of the thigh; the trochanter projected considerably, and there was great

pain upon pressure behind it; slight pain in the knee, particularly at night; no tender spot any where on the spine; the thigh could not be moved in any direction without giving rise to the greatest agony. Leeches were applied in abundance, with Dover's powder, to get slight rest, which soon relieved the most urgent constitutional symptoms induced by the great pain; but rigors then began to appear. I, however, at the end of a week, applied a straight splint, gently bringing down the thigh to as straight a line with the body as possible. So severe did the rigors become, that I was induced to suspect matter had formed, and would quickly come to the surface. I still continued the straight splint, and without entering into the details of the daily progress of the case, may state that it was continued for a period of eleven weeks, he in the meantime taking the cod-liver oil and Dover's powders. At the end of three months I found almost perfect ankylosis, but he could bear pressure without the slightest pain.

Much mischief had arisen in this case evidently before I saw it, and hence arose, afterwards the perfectly fixed state of the limb in a straight line with the pelvis; he was unable to walk without the use of crutches for some months, but he is now usefully employed, and though walking slightly lame, and unable to sit down as other persons do, is, I conceive, much better off than with a crooked leg, and, possibly, carries of the bone and abscess, which seemed almost the inevitable result of the state in which I found him. This is the worst and most unfavorable case I could find to bring forward, and I think it would be extremely unjust to picture only the brightest side when advocating any plan of treatment different from that usually adopted. For that reason I have first mentioned this.

* * * * *

CASE 4.—R. P——, aged seventeen, living in Bankside, never has had any illness, growing fast, a pale, strumus-looking lad, came under my care February 8th, 1851. He said that six months ago he first felt what were said to be growing pains about the left hip; caused him to limp slightly, and remarked he was sure one leg was longer than the other; continued, however, at his work, sometimes in pain, at others not; and he took no further notice of it until a month ago, when he sought advice; he was then just enabled to walk, and that was all; was ordered blisters and colchicum; at the expiration of one month of that treatment I saw him. He then complained of his severest and greatest pain being about the left knee; had a few enlarged glands in the groin, occasioned by the irritation of the

blister, which caused great uneasiness there ; there was a great deal of pain about the thigh generally. Upon examining the upper part of the thigh about the joint, I do not remember ever seeing so much suffering from manipulation, and yet, when not touched, he was quite easy ; the nates were flattened and trochanter projecting, and upon pressing behind that point of bone, and also on it, the lad suffered the most excruciating agony of a deep-seated character. Upon attempting to move the thigh upon the pelvis, little or no motion could be detected ; as he sat down, and in the erect posture, the leg appeared to be one inch longer than the other. He could neither sit down nor rise up without the greatest difficulty and the greatest suffering. Upon pressing the whole thigh upwards, there was the same acute agony that one sees in ulceration of cartilage ; there was also great tenderness as far down as the lower edge of the gluteus. He has the greatest difficulty in lying down ; prefers reclining on the right side, and drawing the opposite leg upwards, as is almost invariably seen in these cases ; when on his back he suffers the most acute agony ; the painful startings at night and the severe pain prevent his getting rest. I will not be tedious by giving a long account of the daily treatment, which consisted for fourteen days in the constant application of leeches and the administration of Dover's powder, at the end of which time the straight splint was applied, and continued for six weeks. He was then enabled to get about on crutches ; both legs were now exactly the same length ; he has no pain about the hip, and an extensive amount of motion in the joint. As a proof of the comfort this patient derived from the straight splint, I may mention that one evening I removed it, and on the next day he particularly wished it re-applied, as his leg was going up and hurt him much at night. The greatest uneasiness these patients complain of is the stiffness of the knee. This lad is now going about with a stick, and gaining strength rapidly.

I will not enter into a lengthened account of the usual modes of treating hip-joint disease in its two first stages ; when a patient applies for advice, the remark one generally hears, is, " Oh, keep the patient lying in bed or on a sofa, at all events in the recumbent posture," the position of the limb for after-use never being thought of ; it is only as far as regards freeing the patient from pain is concerned ; the time present is all that seems to be regarded.

Now the objects I have especially in view, by the plan of treatment with the straight splint, are as follows ;

1st. To relieve pain by obtaining the most perfect rest.

2d. To prevent abscess forming, or if matter has formed, to determine the point at which it shall come to the surface.

3d. The greatest advantage which I hold out, and the one to which I more particularly wish to draw the attention of the profession, is the future usefulness of the member.

Rest is of course the first thing to be sought for in an inflamed joint, and the patient will take care to obtain it by some means or other, and in no way is it more effectually obtained than by fixing the body and leg as one piece, and thereby most entirely preventing motion in the great seat of it between the body and extremities—viz. the hip-joint. Now the straight splint, fixing as it does around the hip, thigh and leg, is the only means which I can devise whereby that advantage is thoroughly obtained; the usual practice of placing a pillow beneath the knee, or a large piece of mill-board or gutta percha around the joint only, or other contrivances according to the ingenuity of the surgeon, fails to do so in an effectual manner, and never can give that perfect rest which the splint affords.

The second object to be attained by the use of the straight splint is the prevention of suppuration, or if pus has formed, by the perfect rest which is obtained to induce absorption, or at all events to determine the point at which the matter shall come to the surface. During the time I was dressing for Mr. Key, and when he first proposed this plan of treatment, two cases came under my care at Guy's Hospital, in both of which matter had formed previous to admission, the straight splint was applied, and in each case the abscess burst on the fore part of the tensor vaginæ femoris. These cases were alluded to in Mr. Key's remarks, in the Medical Gazette, concerning this mode of treatment, and in Case No. 1, mentioned above, matter had apparently formed, and was coming to the same point on the forepart of the limb, when absorption took place. I confess that as regards this question, there is some difficulty in deciding, and it is one which must always be open to doubt, as we so frequently see matter point at all parts around a diseased hip-joint, apparently without any reason; at all events the fact of three cases, in two of which matter came to the surface, and one in which it nearly did so, no tendency to pointing taking place at any other place, is a remarkable coincidence, and one well deserving of notice. Further experience in the subject will, I trust, enable me to say more upon it at a future period.

3dly, and this is the greatest advantage which the application of the straight splint holds out—viz., the future position of the limb.

When one is called to a patient with hip-joint disease in either of the first two stages, we almost invariably find them lying on the opposite side to that which is affected, with the diseased thigh bent upon the pelvis, and the leg on the thigh, a position I cannot imagine any one would say was the most likely to be of permanent usefulness should ankylosis occur, or such an imperfect amount of motion as usually follows acute mischief in any joint; indeed, the miserable objects one constantly sees about the streets with knees drawn up, and high-heeled shoes, sufficiently attest the truth of my remark; and I, therefore, whenever called to see a patient laboring under the disease, after copious bleeding by leeches over the joint, place them on their back, and cautiously and carefully bring down the thigh to the level of the bed, and thereby straighten the knee. But one caution is necessary to be given in so doing: so tenacious is the hip-joint when in this state, of any even the slightest motion, so firmly have the muscles round about fixed the head of the bone in the acetabulum, that in doing so the spine frequently becomes arched about the lumbar vertebræ, and in reality the thigh is at the same angle with the pelvis as it was before the leg was touched; this, however, I have generally found relieve itself very shortly. The splint, when placed on for the first time, soon requires re-adjusting, and upon the second application, should the bandage be starched, the whole pelvis and thigh becomes one solid mass, and preserves the most perfect rest. When the patients have the splint removed, and first get up, of course I need hardly mention how excessively cautious we should be that they do not use the unsound leg until they have cautiously and carefully felt their way; two crutches are absolutely necessary at first, and one must be taken away at a time, lest too much weight should be thrown upon the leg at once.

I doubt not that it will be remarked that I have only presented the bright side of the picture, and have not shown any of the disadvantages resulting from this mode of practice. There is but one objection that I know, and it may be urged as a serious one by many, and it is, that the patient is unable, if perfect ankylosis occurs, as in Case 1, to sit down as comfortably as formerly. It is inconvenient, it is true, to be compelled to sit at the edge of a chair always, or with the leg bent under the seat, in consequence of the hip-joint being fixed, but I cannot conceive that it is a less awkward position than

having the thigh fixed at an angle when standing erect, and it is necessary that one of the two evils should occur; besides, for working men, I am confident the former is much the less evil. Consequently, this which I have raised as an objection, becomes only a question of evils. There is a minor inconvenience which I may mention, and it is, that when the patient first gets up, from having kept the knee fixed in a position some time, pain is experienced there when it is first moved, and, indeed, more pain is usually spoken of as attending that part than the hip, which pain is easily distinguished from the superficial pain occurring in hip-joint disease. I trust it may not be considered that I have neglected to give sufficiently in detail the reports of the cases; I have been anxious not to be prolix, but the judgment of the surgeon will, and always must, be used in diseases of joints, perhaps more than any other class of cases, and therefore I have thought that his discretion should be used as to the time of applying the splint, the length of its continuance on the patient, and numerous minor details, which slight experience will soon bring before his notice. In all the cases I have mentioned, excepting No. 1, I was, I must confess, agreeably astonished to find the great amount of motion which existed in the joint. In Case 2, you would have examined the hip, and scarcely been aware that there had been any mischief whatever, except when attempting to bring the thigh to an acute angle with the pelvis.

Case 4 was very quickly relieved, and there was also great motion, and the immense advantage in all—viz., that both legs, when the patients were standing erect, were of the same length.—*London Lancet*.

ART. XI.—*Unconsolidated Fracture of the Thigh successfully treated by Acupuncture.* By M. LENOIR.

The rationale of the various plans of treatment which have been adopted, in order to prevent the formation of false joints, consists in the establishment of an inflammatory action in the fibrous tissue situated between the bony fragments, and the consequent secretion of a secondary callus. One of the methods proposed has, in the hands of its inventor, M. Malgaigne, been unattended with success; we mean acupuncture. But the following cases communicated to the Societie de Chirurgie by M. Lenoir, proves that this mode of treatment deserves much notice, even although it has not

afforded similar results to M. Maisonneuve. Much of the success obtained by M. Lenoir must, doubtless, be attributed to the many precautions observed by him.

Dupeche, a carpenter, æt. 33 years, in falling from a height of fifty-two feet, fractured his right thigh. He was immediately conveyed to La Pitie, and placed under the care of M. A. Berard. After fifty-four days of treatment, the patient began to walk with the assistance of crutches, when M. A. Berard, in order to remove a stiffness which existed in the knee-joint, endeavored by force to extend the motions of this articulation; in one of these manœuvres the neck of the femur gave way, and the signs of fracture reappeared. The broken bone was again reduced, and an immovable apparatus applied to keep the fractured ends *in situ*; at the termination of a month the apparatus was removed, but the fracture had not consolidated, and the patient had himself conveyed home.

Six months afterwards M. Lenoir took him into hospital, for the purpose of employing the treatment of acupuncture; but before trying this plan, he used all the means likely to insure success, and, amongst others, he had him placed on a mechanical bed, so as to maintain complete freedom from motion, even in attending to calls of nature. As the fracture was oblique and the upper fragment very sharply bevelled, and the fragments, by overlapping, occasioned a shortening of about two and a half inches, M. Lenoir had an apparatus for maintaining extension, constructed by a carpenter, a friend to the patient. This apparatus consisted of a sort of long box, nearly in the shape of the limb, and consequently wider above than below, but longer than it; it was about three inches deep, and was composed of three pieces of light wood closely united to one another; of these three splints the external was eight inches longer than the others, which terminated at the junction of the thigh with the trunk; this longer portion had at its upper end a mortise intended to facilitate the employment of counter-extension; to the lower end of this groove a kind of toothed wheel and axle was adapted, to which was applied a catch for the purpose of fixing it. This apparatus, lined with carded cotton, received the limb, the foot being covered with a gaiter of ticking furnished with a foot-strap; by means of this strap rolled round the wheel, extension was made, while counter-extension was maintained by another strap, well padded, passing along the fold of the groin, having the ischium

as its *point d'appui*, and its ends fixed in the mortise in the outer splint of the wood.

For several days nothing was done except to tighten the straps according as they became relaxed. At last, on the 12th of August, seven months and some days after the accident, M. Lenoir proceeded to insert the needles. At first he introduced four, each being four inches long, and furnished with a head. Their points were directed along the inner surface of the upper fragment, from below upwards; an interval of but half an inch being left between each needle. Contrary to his expectation, and although he passed them in as far as the heads, he met no obstacle to their introduction. This, doubtless depended on the existence of an interval between the two fragments, the extension effected by the apparatus having reduced the fracture only in the direction of the length of the limb, and not transversely. The four needles remained *in situ* for six days; at first they excited redness of the skin, then a little pus appeared about them, and rendered them movable; and finally, a slight swelling and pain in the limb occurred. These symptoms indicating that inflammation had developed itself, M. Lenoir withdrew the four needles; and, after having cleansed them, he reintroduced them higher up, following carefully the direction of the upper fragment, and leaving between them the same intervals as before. The same symptoms followed this second operation; at the end of five days the needles had become moveable, and were taken away; and the inflammatory action now appearing to be sufficient to produce union, the introduction of the needles was not repeated. The inflammatory swelling of the limb was treated by poultices, antiphlogistic diet, and cooling drinks; and when it was subdued, the two surfaces of the fragments were brought into closer proximity by means of small splints placed around the thigh, and tightened by two straps of leather, a practice previously employed by Amesbury. The apparatus was inspected daily, and tightened when necessary. At the end of twenty-three days, in order to ascertain how far consolidation had advanced, the limb was completely uncovered; it was found to have neither got out of shape nor undergone retraction; but when the hand was passed over the seat of the fracture, it still yielded; splints were immediately reapplied, the limb was replaced in its groove, and extension continued. No fresh examination was made until the expiration of 35 days from this time, and then the callus was found to be sufficiently solid to justify the removal of the entire apparatus. Carefully mea-

sured, the limb was now found to be rather less than eight-tenths of an inch shorter than that of the opposite side ; the knee-joint was stiff, but the patella was still capable of some transverse motion ; the thigh and upper part of the leg were œdematous, but otherwise there was no apparent deformity at the seat of the fracture, and the callus was not very bulky. Lastly, the coxo-femoral articulation was capable of motion, and the patient was able to raise the limb by the unaided action of the muscles. As an additional security, he was advised to keep his bed for a fortnight, after which he walked with the aid of a stick.—*Bulletin Generale de Therapeutique.*

ART. XII.—*On the Position of the limb in Diseases of the Hip-Joint.*
By HOLMES COOTE, Esq., M. R. C. S.

Mr. Holmes Coote makes the following observations on the difficulties attending the diagnosis of this affection :

There are but few surgeons who have not experienced occasional difficulty in forming an accurate opinion as to the character of the morbid changes which occur during life in chronic diseases of the hip-joint. In the early stages there is frequently but little pain, and children so affected, especially amongst the poorer classes, are permitted to walk about and pursue their daily avocations, without notice being taken of their lameness, until at last a fall or some other accident excites more acute symptoms, and induces the parent to seek professional assistance. The surgeon finds the pelvis oblique ; the affected limb apparently elongated, and slightly everted ; he finds that in bending the thigh upon the trunk, the whole pelvis moves with the femur ; pressure over the hip-joint excites, perhaps, little pain ; there is flattening of the buttock, and the trochanter major appears more sunken than natural. The history accompanying such a case is often as follows : The child was in perfect health, and able to run about until about a week or two ago, when, in consequence of an accident, it was thrown down upon the side. Upon being taken up, it was found to be lame and has been unable to walk ever since. The history of the case, and the position of the limb, might lead to the belief that the head of the bone was dislocated upon the thyroid foramen, especially amongst those who consider that inversion and not eversion of the foot, is the position assumed by the inferior extremity in the earlier stages of hip-disease. I propose offering a few remarks upon the position of the limb, granting,

that, as is commonly asserted, there may be inversion and not eversion ; that there may exist a resemblance to dislocation on the dorsum ilii, or to dislocation on the thyroid foramen ; but denying that such varieties can ever be referred to accident.

In the commencement of an inflammatory affection of the hip-joint, the thigh is bent upon the body ; the whole limb is slightly everted and abducted ; the anterior superior spinous process of the ilium of the affected side is either raised, when the limb appears to be shortened, and the sound hip more sunken than the opposite, or it is depressed or thrown forwards, when the whole limb appears elongated, the knee being bent, and the toes touching the ground a short distance in front of the toes of the sound limb.

The elevation or the depression of the anterior superior spinous process of the ilium of the affected side depends on whether the patient happens to have been forced to follow his occupation during the early stages of the disease, or whether he has been in circumstances which allowed him to rest when in pain or uneasiness. The spine of the ilium is generally sunk and thrown forwards, and the limb apparently elongated ; that position being the one in which the diseased joint will be easiest, the patient standing upright. But if he be forced to walk about, the pelvis becomes oblique in the opposite direction, the spine of the ilium is raised, and the limb is apparently shortened. The patient, throwing as much as possible of the weight of the body upon the sound side, limps upon the extremities of the toes of the affected limb, the foot being extended that its tip may just touch the ground.

The flexion, eversion, and abduction of the limb constitute the position into which it would be naturally thrown by the combined action of the powerful muscles which surround the hip-joint. The synovial membrane is inflamed and tender, and unfit to bear pressure ; the patient, therefore, instinctively endeavors to relax every muscle directly in contact with the joint. The psoas and iliacus, passing over the front of the synovial membrane and tightly pressing upon it where the limb is extended, flex and evert the thigh, the gluteus minimus will contribute to flex it ; the pyriformis will abduct the limb ; the gamelli and the two obturators, especially the obturator externus, will evert the limb ; it is unscientific to refer the position of the limb to the effusion of fluid into the synovial membrane ; it is but rarely that we find the joint so distended, especially at the commencement of the disease, when eversion is the common symp-

tom. It may be true, that if the joint be tightly distended by the artificial injection of fluid after death, the limb will assume the position above described. The attachments of the capsular ligament are in harmony with the sphere of action of the muscles which surround the joint. That the muscles which evert the limb may act with greater freedom, the fibrous capsule is unconnected with the posterior part of the neck of the femur; it forms there a ring not very unlike that which surrounds the head of the radius in the forearm. After a sudden fall, or a blow on the hip, the limb becomes at once everted, if the joint is bruised, long before sufficient time has passed for the capsule to become distended by fluid.

In course of time, as has been proved by innumerable *post-mortem* examinations, the disease produces thickening of the synovial membrane, absorption of the articular cartilage, and ulceration both of the head of the femur, and of the acetabulum; the shortened neck of the femur slipping upwards and backwards in the enlarged acetabulum, approximates the fixed points of insertion of all those muscles which have everted the limb. They waste and become atrophied, being no longer in action, and the buttock appears much flatter than on the sound side. The gluteus medius and the adductor muscles then influence the position of the limb, their power being increased by the absorption of the neck of the femur. We may therefore say that, in the second stage of the disease, the limb passes from abduction to adduction; from eversion to inversion. Still flexed it is drawn across the sound thigh, the toe pointing downwards, when the position somewhat resembles that of a limb in dislocation upon the dorsum ilii.—*Medical Times*.

ART. XIII.—*An Ovary removed by Mistake for a Labial Cyst.*

The operation described below, in the *Hopital des Enfants*, we had the pleasure of witnessing while in Paris in the month of May last. It was certainly a very extraordinary case, and one that excited a great deal of interest at the time. Guersant was severely criticised for the exploit by his *confreres*.—[ED.]

At one of the late meetings of the surgical society of Paris, M. Guersant, chief surgeon to the hospital for children, brought forward a case in which an error in diagnosis was committed, and which ended fatally. The patient was a little girl, eleven years of age, who, ever since she was one year old, had in the left labium a small, painless

tumor. Of late, however, this tumor had become troublesome, and interfered with walking. When examined, it was found of the size of a small walnut, situated in the thickness of the labium, and extremely moveable, so much so that it could be pushed downwards to the most posterior portion of the labium, and upwards as far as the external ring. It was, however, impossible to press the tumor into the ring, which latter presented no abnormal dilatation. The tumor had a great deal of analogy with a testicle. M. Guersant looked upon it as a cyst, and resolved to remove it. A longitudinal incision brought into view a membrane much resembling the tunica vaginalis, and having the aspect of the peritoneum. Through this membrane an ovoid body was observed, which was no other than the ovary; it was attached to a pedicle formed by the fallopian tube, which ran into the abdomen through the inguinal canal. M. Guersant placed a ligature on the pedicle, and cut out the ovary. Acute peritonitis occurred the very next day, and the patient died on the third day after the operation. M. Morel mentioned during the discussion that he had had an opportunity of seeing a tumor of the same kind in the labium, and formed by the ovary; no modification of size or sensibility was noticed to occur at the menstrual period. M. Lenoir stated that Pott has related a case in which the two ovaries were removed by an error in circumstances analagous to those of M. Guersant's patient.—*N. Y. Med. Gazette—from Prov. Med. and Surg. Journal, August 6th, 1851.*

ART. XIV.—*On Pus in Urine: its diagnostic value in Diseases of the Genito-Urinary System.* By J. HAMILTON, Esq., Surgeon to the Richmond Hospital, Dublin.

The author observes that pus may appear in the urine under different aspects:

1st. As a uniform deposit of pale white color, subsiding after micturition, but capable of being diffused by agitation. This is pure pus in acid urine.

2dly. Mixed with mucus in acid urine, presenting an uniform tenacious yellowish-white deposit, showing irregular pus dics under the microscope.

3dly. After being acted upon by the ammonia of decomposed urine, it appears as a thick rosy mucus, with some transparency beneath, and exhibiting a super-stratum of yellow opaque pus.

Pure pus may get into the bladder from the bursting of a neighboring abscess, as in the broad ligament of female, or the prostate gland in men; of these the author gives examples.

When pus is mixed with the urine from inflammation of the vesical mucous membrane, a very essential difference is observed. In these cases the urine enters the bladder acid, and becomes mixed with the purulent and mucous secretions of the inflamed membrane. If these are not very abundant the urine remains acid, and is passed so, but on standing soon becomes decomposed, and ammonia is generated, which acts on the pus and converts it into a thick, ropy mucus. It also combines with the phosphate of magnesia in the urine, and forms the triple phosphate, which either floats on the surface as an iridescent pellicle, or is fixed as prismatic crystals in the mucus deposit.

If, as in paraplegia from injured or diseased spine, the urine is long retained in the bladder, it undergoes certain changes, the deposit takes place in the bladder itself, and the decomposition of the urine next the deposit commences, while the superstratum remains acid. But when the inflammation becomes more intense, and the morbid secretions very abundant, the whole of the urine will become alkaline in the bladder.—*Dublin Quarterly Journal*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—*The Microscopic Anatomy of the Human Body, in Health and Disease.* By ARTHUR HILL HASSALL, M. D., Author of the "History of the British Fresh Water Algae," &c. &c. &c., with additions to the Text and Plates, and an Introduction. Containing Instructions in Microscopic Manipulation. By HENRY VANARSDALE, M. D., in two volumes, 8vo., pp. 728. New York: Platt Woodford & Co., 1851.

As the study of Microscopic Anatomy, in health and disease, both in the animal and vegetable kingdoms, is attracting very considerable attention among the more ambitious students of our profession, the

announcement of any new work of merit, on this great subject, will be hailed with unusual interest. Not long since, we had the pleasure of bringing to the notice of the profession a little volume called the "Microscopist," intended solely for beginners and those who had neither the time to pursue the subject thoroughly nor the means to purchase large and expensive works. The one before us, of which the above is the title page, is much larger, more complete, and altogether a most splendid work, precisely adapted to the use of those who design to make themselves masters of this important science.

To give the reader some idea of the character and completeness of the work, we cite from the table of contents, and find that it is divided into, first, An Introduction by the American Editor, Dr. Vanarsdale. This gives a full description of all the different kinds of microscopes now in successful use, the manner of preparing microscopic subjects for examination, the manner of preserving them, the fluids for and methods of mounting objects, both wet and dry.

"The object," says the Editor, "of the present Introduction," is to furnish some practical hints on Manipulation in Microscopic Anatomy, so that the student who is disposed to pursue for himself this subject, and has not at his command other authorities, may be provided with the information necessary to commence his investigation.

"Although plates and models are useful as companions in study, and as giving more explicit views of authors than can be done in words, yet as these, however excellent, can never make the student master of special anatomy without dissection, so in the more intricate department of minute anatomy, he who would there become a proficient, must investigate for himself."

The body of the work is divided into two parts. Part I. treats upon the Fluids of the human body, such as Lymph and Chyle, Blood, Mucus, Pus, Milk, Semen, Saliva, Bile, Sweat, and Urine. Part II. treats of the Solids—for example, Epithelium, Epidermis, Nails, Pigment Cells, Hair, Cartilages, Bone, Teeth, Cellular or Fibrous Tissue, Muscles, Nerves, Organs of Respiration, Glands, Organs of the Senses, and other peculiar structures such as have not been as yet classified. Each subject is thoroughly investigated in all its parts and relations.

The Plates, 79 in number, with their explanations, occupy the whole of the second volume. So far as we are competent to judge

from personal observations with the microscope, we can say, with the most perfect assurance, that they are *remarkably* and *beautifully* truthful. We have had the pleasure of examining a copy of the English edition, and we have no hesitation in saying that the American copy is quite equal in the display of artistic skill to that of the original work. The last ten plates were added by the American editor. The mechanical execution of the work reflects great credit upon the publishers, who are already so well and favorably known to the American profession.

The work can be procured from Mr. Pease, of Painesville, and from him alone. See advertisement in this number.

2.—*A Complete Treatise on Midwifery ; or the Theory and Practice of Tokology, including the Diseases of Pregnancy, Labors and the Puerperal State.* By Alf. A. L. M. Velpeau, M. D. Translated from the French, by CHARLES D. MEIGS, M. D., Professor of Midwifery in Jefferson Medical College, &c. &c. Fourth American, with additions from the last French Edition. By WILLIAM BIRD PAGE, M. D., Lecturer on Obstetrics, &c. &c. &c. With numerous Illustrations. 8vo., pp. 652. Philadelphia: Lindsay and Blakiston. 1852.

This is a new edition of a work on Midwifery which has been before the profession more than twenty years. Formerly it enjoyed a high reputation, but within the last ten years we believe it has been out of print. The present edition has been thoroughly revised, enlarged, and so much of it re-written, that it can scarcely be looked upon as the same work. Respecting his additions and improvements, the author says that "The first edition of this book was only the recapitulation of my lectures. I had particularly designed it for the use of students. I have in this endeavored to present, as nearly as possible, the actual state of the science, under the double aspect of theory and practice—my aim being to render it useful, not only to students, but also to practitioners, and even to those who are engaged in teaching this science.

"The article concerning the pelvis is here entirely new in relation to its axis, its straits especially, and its vicious conformations. It is the same with that of the genital organs, regard being had to their varieties, to the practical deductions which flow from them, and to operations which they require.

I have completed the article on menstruation, and that on reproduction, by numerous additions; and what relates to the softening (*ramollissement*) of the symphysis during pregnancy, has been entirely re-written.

"I have added a great deal to the article on *touching*, and have endeavored to show the advantages of *touching* by the rectum, as well as of abdominal exploration, in a vast number of cases.

"A long chapter upon auscultation seemed to me indispensable, and I have given it.

"Extra-uterine pregnancies, their mechanism, their signs, their terminations, and especially their treatment, form the subject of an article almost entirely new.

"False pregnancies, as well as double pregnancies, and superfœtation in general, are treated in the same manner. I have also renewed the article on abortion, especially in regard to the diseases of the ovum, of moles, and of the treatment required."

Of the illustrations he remarks, on page 20, that "the plates have been added to the whole. I have borrowed some of them from different authors; but the greater part have been taken from nature with the greatest care. Having given them for the purpose of rendering more clear some points in the science of tokology, I have thought it necessary to go a little beyond what had been accomplished in this way. The axis, the planes, the straits of the pelvis, whether in the recent or the dry state, required some new points of illustration. The ovum had no where been represented. It was the same with some positions upon which I have endeavored to engage the attention. Moreover, they have been confided to skillful artists, and have been carefully executed after the drawings of Chazal."

The work must be looked upon by the practitioners of Obstetrics in our country, as one of our most reliable text-books, and safest guides in obstetrical practice. We believe we can confidently say that, by those who are most intimately acquainted with its justly renowned and talented author, the work will be most highly esteemed. To authors and *book-makers*, this remark will not *always* apply.

The work is well printed upon good paper, and altogether does credit to its enterprising publishers.

For sale by J. H. Riley & Co.

- 3.—*The Medical Student's Vade Mecum.* A compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, etc., etc. By GEORGE MENDENHALL, M. D., Lecturer on Obstetrics in the Medical Institute of Cincinnati, &c. Third edition, revised and greatly enlarged, with two hundred and twenty-four engravings. 12mo, pp. 600. Philadelphia: Lindsay & Blackiston. 1852.

This work of Dr. Mendenhall, which has now been in the hands of the medical student and the profession for a number of years, had a small *beginning*, "not larger than a man's hand," but it has grown in its several editions to a large, respectable volume. It has not only increased in size, but like its author it has uninterruptedly risen in the estimation of *all* who have made its acquaintance. This could not well be otherwise. *It is a work of great practical value.* Its author is one of the most indefatigable students that ever honored our profession, a very extensive practitioner, and withal a profound lover of his high vocation. He is emphatically what all benefactors of their race must be, *a man of one work.*

The "*Vade Mecum*," is, as it should be, devoid of speculations, polemical discussions and professional *nonsense*. It is replete with sound practical instruction, such as will prove a safe guide, not only to the student, but the practitioner. On every subject it gives him the latest improvements, and the settled doctrines of the day, in a concise style and a narrow compass.

The engravings illustrating Anatomy, Surgery, &c., have enhanced the value of this edition very much. Nothing fixes the impression, or rivets the memory in the study of medical science, like a well executed illustration.

Mechanically the work is beautifully executed. We advise our *young* friends, especially, to purchase and study it.

For sale by J. H. Riley & Co.

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- 4.—*An Analytical Compendium of the various branches of Medical Science, for the use and examination of Students.* By JOHN NEILL, M. D., Surgeon to Will's Hospital, Demonstrator of Anatomy in the University of Pennsylvania, &c., &c.; and FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, Physician to St. Joseph's Hospital, &c., &c. Second edition, revised and improved. 12mo, pp. 1002. Philadelphia: Blanchard & Lea. 1852.

The Compendium of Drs. Neill and Smith has met with very considerable favor with the profession. Its first edition is sold, and now

a new one is demanded. What effects these "Compendiums," "Vade Mecums," "Pocket Companions," Epitomes and Outlines, will produce upon Medical Education, we, perhaps, are not fully competent to judge. We are inclined, however, to encourage their introduction to the profession; for while many physicians and students discard them, and turn aside from these "royal roads to science," and take more voluminous works and monographs, by which they may become more "thoroughly furnished for every good work," they seem exceedingly well adapted to the circumstances, comprehension and taste of others. Physicians, like other men, are differently constituted. Neither *ponderous tomes* nor *pocket companions* would suit all. Some men, while they would be thoroughly benefited by a work laconically written, would be totally *befogged* and overwhelmed by a recondite and elaborate monograph—like the physician whom we once knew, who, instigated by great piety and benevolence, endeavored to preach the gospel to poor sinners on Sunday, and to treat their temporal disorders during the week. This man informed us that he had read through, by course, the Commentaries of Adam Clarke *four times!* and we absolutely never saw a man so ignorant of the scriptures as this mongrel physician and preacher. Books, then, like garments to a considerable extent, in their form should be fitted to those who use them.

To those who desire a compendious work, either for instantaneous reference or study, we take pleasure in recommending the work of Drs. Neill and Smith.

For sale by J. H. Riley & Co.

- 5.—*Review of Materia Medica, for the use of Students.* By JOHN B. RIDDLE, M. D., formerly Professor of Materia Medica in the Franklin Medical College, of Philadelphia, etc., etc., with illustrations. 12mo, pp. 322. Philadelphia: Lindsay & Blakiston. 1852.

And here we have another *compendium*, or *short-cut*, to *Materia Medica*. From the cursory examination we have been able to give this little treatise, we are inclined to think well of it. The author says that "this little volume, though not intended as a systematic text-book, the author hopes may be found useful in supplying students with a condensed *review* of the elements of *Materia Medica*, as a guide to the course of lectures on this department in the United

States. It makes no pretensions to rank among original treatises, but is designed to present the leading facts and principles usually comprised under this head, as set forth by the standard authorities."

We think the work fully comes up to the pretensions of the author. There are in it quite a large number of prettily and correctly executed illustrations of indigenous and naturalized medicinal plants. These are lucidly and concisely described, so that the country physician, as he winds among the hills and along the verdant and flowery banks of streams and rills, may recognize and cull many an efficient remedy, which he will find figured in the little book before us.

We commend this "Review" to the favorable consideration of Students.

For sale by J. H. Riley & Co.

6.—*Lectures on Materia Medica and Therapeutics*, delivered in the College of Physicians and Surgeons of the University of the State of New York, by JOHN B. BECK, M. D., late Professor of Materia Medica and Medical Jurisprudence. Prepared for the Press by his friend, C. R. GILMAN, M. D., Professor of Obstetrics, etc., in the College of Physicians and Surgeons, New York. 8vo, pp. 581. New York: Samuel S. and Wm. Wood. 1851.

Although the work before us is dedicated to the Alumni of the College of Physicians and Surgeons of New York, and will perhaps be more highly esteemed by them, and by the especial friends of that institution, than by others, yet coming as it does from one of the most profound and accomplished scholars that ever graced our profession, the work must and will be looked upon as a national one, and will be perused with the highest interest. The work is composed of the author's lectures, as they were delivered by him before the classes in the College adverted to, but their preparation for the press was confided to the hands of Prof. C. R. Gilman, after the death of Prof. Beck. Prof. Gilman has added dissertations on two very important subjects—one upon cod-liver oil and the other upon anæsthetic agents. These were demanded of the editor, inasmuch as little or nothing had been said upon them by the late author. It is not a little surprising that subjects of such absorbing interest to the profession should have escaped scrutiny and discussion by so profound a philosopher, as Dr. Beck. The only explanation, perhaps, may be found in the fact displayed in all his lectures, that he

was no runner after new things. His study was much more into the indications of treatment, the circumstances modifying the operation of medicines, and those kindred topics which we might denominate the philosophy of *Materia Medica*, than into the claims of new and fashionable therapeutic agents. Indeed, many "new things" found no place in his lectures.

We have no hesitation in recommending the work of Dr. Beck as one worthy the highest consideration, and deserving a place in the library of every physician.

For sale by J. H. Riley & Co.

7.—*Manual of the Diseases of the Skin, from the French of MM. Cazenave and Schedel, with Notes and Additions.* By THOMAS S. BURGESS, M. D., Surgeon to the Blenheim Street Dispensatory for the Diseases of the Skin, etc. etc. Second American Edition, enlarged and corrected from the last French Edition, with Additional Notes. By H. D. BULKLEY, M. D., Physician to the New York Hospital, &c. &c. &c. 8vo., pp. 348, New York. Samuel S. and Wm. Wood. 1852.

Dr. Bulkley, the American Editor of the above work, remarks that "the truly practical character of the work of MM. Cazenave and Schedel was the reason for its original selection for republication in this country from among other works on Cutaneous Diseases. The sale of one edition, and the numerous calls for another, have justified the anticipation that it would prove acceptable to the American profession. M. Cazenave still retains the place of physician of the Hospital of St. Louis, which, with his private practice, affords him advantages for the study of this branch of pathology unsurpassed elsewhere, and gives him a deservedly high rank as authority on this subject."

There is no *text-book* on Diseases of the Skin, now in the hands of the profession, which is so universally accepted as reliable authority, as that of Cazenave and Schedel. Its merits being already generally known and acknowledged, it is only necessary to announce the new edition above described.

For sale by J. H. Riley & Co.

PART FIFTH.

EDITORIAL AND MISCELLANY.

Editorial Correspondence.

LETTER FROM PROFESSOR LEE.

MY DEAR SIR: In the last number of your Journal I notice, in a review of Dr. Wood's "*Hints to the People upon the Profession of Medicine*," published by Mr. Derby, of this city, some animadversions upon myself and colleagues of the Buffalo Medical College, for a recommendation of the same, as found in your advertisements. It is due to myself to say that my name was appended to said recommendation without my knowledge and consent, and while I was absent in New York. I am also authorized in saying that Professor Hadley, and probably others, whose names are appended thereto, never saw the paper until published in your Journal.

The remarks you have quoted, doubtless, do great injustice to our medical schools, and the character of medical students, and are altogether unworthy of the author of the essay in which they appear. I disapprove of them as much as you do, and regret that, through inadvertance, probably, they were allowed to go forth to the world; for I have so much confidence in the candor and good sense of the author, that I have no doubt he would have suppressed them, had he given the matter a little reflection. But still, they are but as spots on the disc of the sun, resplendent with light and glory; and as I look upon the essay as a whole, I see there specks, no more than I do the natural spots on the sun's surface, which require a smoked glass, or a telescope, in order to bring them into view. Had I been applied to, I am free to say, I should have recommended the essay; not supposing, however, that by so doing, I should have been understood as endorsing every sentiment and statement therein contained, just as you publish many things, which you would hardly be willing to endorse, and perhaps decidedly disapprove. We must be a little charitable towards each other, and not be hasty to condemn where the motives appear to be praiseworthy. It has been the fashion with some uneasy spirits to find fault with medical schools and medical education; to run down every thing indigenious, and praise every thing of exotic growth; to preach incessantly—

reform, reform, without the slightest effort to reform themselves, or do any thing to advance the progress of medical education, or improve the state of the profession. It is the easiest thing in the world to grumble and find fault, and more individuals, doubtless, suppose that by so doing they show their own superiority; but all honorable and candid minds draw a different conclusion. If we look at the state of the medical profession in the United States, as it existed twenty years ago, and compare it with the present, we see a most astonishing advance in medical education, greater than can be shown in any other profession or calling, and the change must chiefly be attributed to the superior instruction furnished by our Medical Colleges. An improvement has been constantly going on, and if the *croakers* would but lend a hand, and be a little more particular with regard to the character, and preliminary education and qualifications of those whom they admit into their offices as private students, we should in a few years see a still more rapid improvement, and we should not be accused of graduating those who are unfit to be enrolled as members of the profession.

The Israelites would doubtless have furnished good brick, if they had only had *straw*, as our Medical Colleges will turn out good doctors, if they have the proper materials. I would as soon think of making the axle of a railroad car out of white-wood, or a dwelling of corn-cobs, or seeing wooden nutmegs fructify, as a scientific, well-qualified practitioner out of some of the material that is sent us; and yet we are required not only to furnish instruction, but brains; to furnish the inner, and polish the outer man; to improve the morals, and finish the manners; to turn out, in short, none but Sydenhams and Boerhaaves, Hunters, Gregorys, Coopers, Lawrences, Rushs, and Godmans. Well, we will do all we can; but our brethren must not be too exacting; in general they are not; the grumblers are comparatively few, and yearly growing fewer; but we beseech them to be a little more particular as to the material which is supplied to our medical schools; for corn does not yield wheat flour, nor squash-seed, water-melons; nor cheat change into wheat. Let them but do their part, we will then do ours. Let us cultivate a good understanding, and pull all together, and not stand grumbling and fault-finding, when there is need for united and constant exertion. But, to return to Dr. Wood's essay. I am willing to have it go forth as it is; though I should prefer to see the unsightly excrescences you have pointed out lopped off. It is calculated to

do great good, and I desire, therefore, to see it widely circulated. A physician whose beat is infested with piratical marauders and interlopers, quacks, who are trying to climb up some other way, and poach upon their honest neighbor's possessions, should go armed with these pamphlets for gratuitous circulation. They will prove as fatal to the whole tribe as arsenic to rats; whether they be homœopathic, hydropathic, eclectic, botanic, or mesmeric. Their name is legion. I am willing to risk any contingent evil, for the certain good which they will produce. The essay shows a masterly mind—a comprehensive, philosophical, far-reaching intellect, which views a subject in all its bearings and relations, and illustrates, with a clearness of a sun-beam. Honor then, to whom honor is due; and let us not seek for smoked glass, or magnifying lenses, to discover specks and spots; but hail the blessed light, and rejoice in its beams.

Truly, your friend,

CHARLES A. LEE, M. D.

Buffalo, January 26, 1852.

REPLY.

Will our readers have patience with us while we briefly notice the above extraordinary production. We feel entirely incompetent to the task; for, knowing something of the renown of the author, and his high character for talents and erudition, we fear our position will become like that of the "fly upon the bull's horn." We will venture, however, to call the attention of our friends to a few points only.

In the first place, Professor Lee denies having subscribed his name to the recommendation of Dr. Wood's Essay, as found in our advertising department. In the second place, while he and his colleagues state in "black and white," that "it is a sound, well-written essay, *setting forth the truth* clearly, and plainly addressing itself to reason and common sense," he now says that it "does great injustice to our Medical Schools and the character of Medical Students," in calling the former "Shops for the sale of Diplomas," "the granting of them a mere trade," and in alleging that "Medical Students were too sickly, too lazy, or too stupid," to learn a mechanical pursuit. In the third place, Dr. Lee says, substantially, that, although he did not sign the paper, that the above declarations are false and unworthy of their author, and that he disapproves of them as much as we do; yet, nevertheless, "he should have signed

it if he had been requested to do so"!! And why? Because these falsehoods, these slanders, these *lies* upon our Medical Schools and Students, were in the essay, "like the spots upon the sun's disc," so covered up with "*glory*" that it required "a smoked glass, or a telescope, to see them"!! Perhaps our friend can tell us precisely how much truth it takes to sanctify a falsehood—or in words better suited to the occasion—how much truth it will take to cover up and entirely conceal a falsehood.

Let us take another case. Suppose a Minister of the Gospel, eminent for talents and renowned for his eloquence, stands up in the pulpit and expatiates upon the beauties of the Christian religion, upon the truths of the Bible, and the glories of the Church in such a manner that his audience is perfectly entranced; but in the midst of his peroration, while covering himself with glory, he pronounces the members of the church every where an army of hypocrites, and the church edifices but shops for the sale of indulgences and passports to heaven; and that the dealing out of certificates of membership was a mere trade. Now, according to Dr. Lee, if the sermon were in other respects beautiful and true, and on the whole a splendid effort, it would require a "smoked glass" to discover these slanders upon the church. No, indeed, the sermon must be printed and recommended to the clergy, and then the deacons and elders, and *high privates* must purchase large quantities of them for gratuitous distribution, with which to convert poor sinners, to bring them into the church, and thus to evangelise the world!! But, says one who loves the truth, and nothing but the truth, this discourse pronounces church members hypocrites, and the churches, shops for the sale of certificates of membership, &c. &c. This wont do. But one of the highest dignitaries, standing by, says, I know very well that these assertions are not true; they are nothing more nor less than lies, and "I disapprove of them as much as you do;" but these are "like the spots upon the sun's disc," and no one can see them unless he "looks through a smoked glass;" and to do this for the purpose of detecting blemishes and black spots of falsehood upon the face of truth, is an evidence of weakness. Oh consistency, what a jewel!

In subscribing his name to this paper, Dr. Lee says he did not vouch for the truth of what it contained, any more than we endorse for the truth of all we publish as editor. Editors do not *pretend* to endorse what they publish as true—it is not expected they should—it is not possible for them to do it. But should we publish an arti-

cle, and under it state that "the above is a sound, well-written essay—*setting forth the truth plainly and clearly*—addressing itself to reason and common sense," then, we apprehend, we should be held responsible for the truth of what was written in the article. Dr. Lee and his colleagues did this thing in reference to the essay adverted to.

On the last paragraph we will make no comments. We are confident that Dr. Lee did not intend to use language so derogatory to the character of Medical Students as he has here inadvertently employed. We say we do not believe he intended to use such language, because the terms employed are in the highest degree *odious* and *unjust*, besides, his opinions of the great body of Medical Students, as expressed under other circumstances, are diametrically opposite to those gleaned from the last paragraph of his letter. If what Dr. Lee says here be true, woe betide the profession—*salt petre* cannot save it. The obnoxious essay of Dr. Wood is but a gentle hint as to the character of students, and should no more be denounced.

We again take this occasion to protest against the disposition on the part of restless, dissatisfied, disappointed spirits, to *grumble and find fault* with the condition of the Medical Profession. Like "dogs in a manger," they will neither eat themselves nor let others eat. They denounce on the one hand, and cry Reform! Reform! on the other, yet they never raise a finger to lighten the burthens of the profession, nor to push forward the great cause of professional education; nay more, many of them, loud as they are in their pretensions and denunciations, could not, if brought to the test, pass as good an examination before a competent board of examiners as some of those very medical students, whom they denounce as "too sickly, too lazy, or too stupid to learn any mechanical occupation." The fact is, the profession is coming up. The standard of education, in spite of *croakers*, is moving onward and upward—and we hope and pray that those who are never satisfied, but always complaining, may be crushed under the contemptuous tread of an up-rising and onward-moving profession.

REGISTER OF BIRTHS IN EACH MONTH.

HESPERIAN PLAINS, January 30, 1852.

EDITOR O. M. JOURNAL—*Dear Sir*: Having recently been looking over a register kept by me, for some time past, of births, &c., I have concluded it might not be uninteresting to the profession to see

a few of the details, and accordingly I here send the following tabular statement—with remarks—showing the number of births in each month, sexes, &c.:

	Males.	Females.	Total.
January	15	21	36
February	13	14	27
March	18	8	26
April	8	11	19
May	9	11	20
June	7	5	12
July	20	9	29
August	14	17	31
September	13	11	24
October	14	10	24
November	21	11	32
December	14	7	21
	166	135	301

Showing the proportion of males to females nearly as eleven to nine. It will also be seen that there is a great disproportion of births in different months, from which fact we may perhaps draw some amusing, if not instructive, physiological inferences, by reasoning from effect to causes, and thus taking a retrospection of a certain number of months.

The number of twin cases was not kept sufficiently accurate to enter into this exhibit. There was one case of triplets, and one case of monstrosity, which merits a description. It was a fine, large, well developed child, minus the head, at least all that portion above the superciliary ridge and ears, or what I should suppose would embrace all of the cerebrum. It was born in a state of asphyxia, but very probably could have been resuscitated.

The disparity in number of the two sexes is much greater than we are taught to expect, and in order to a more extended data on which to predicate a rule, I would suggest that further communications on the subject be invited from the profession.

Very respectfully yours, &c.,

PIKETON, O.

O. J. PHELPS, M. D.

LETTER FROM DR. J. HOLMES.

RURAL RETREAT, LOGAN COUNTY, OHIO,
January 29th, 1852.

PROF. HOWARD : I have often thought it the duty of Physicians when they meet with cases of interest, to report them for the benefit of the Profession.

CYANOSIS CURED BY POSITION.

Some time since I was called to an obstinate case, in which I soon ascertained I had a case of premature labor, it being the eighth month of pregnancy. In a few hours the lady was delivered of an infant, small and weakly. In about one week, I was again summoned in great haste to see the child—the messenger assuring me that it could scarcely survive until we should arrive. On examination, I found the infant laboring under urgent symptoms of asphyxia—the deep blue color of its body showing that the blood was very imperfectly oxygenated. It was evidently a case of Cyanosis Neonotorum. The valve by which the foramen ovale should have been immediately and permanently closed, was open, by which a stream of venous blood was being poured upon the encephalon, and sent throughout the circulation. It occurred to me, as suggested by Prof. Meigs, of Philadelphia, that if the child was placed upon its right side, the weight of the blood and the valve would cause it to close up. This being done, the urgent symptoms instantly began to disappear, and in a short time the child fell into a quiet and easy slumber. I ordered care with reference to the position of its body for a few weeks.

It has since enjoyed good health. I need not add more, as the physiology of foetal circulation, and the change necessary upon the establishment of respiration, will suggest the pathology and treatment of all cases of this kind.

Thine, &c.,

JESSE HOLMES.

HOMŒOPATHY.—A full meeting of the Edinburgh Medico-Chirurgical Society was held on the 19th November, no less than sixty-four members being present. After the transaction of routine business, the following interesting circumstance occurred :

Professor Syme, in moving “That the public profession of homœopathy shall be held to disqualify for being admitted or remaining

a member of the Medico-Chirurgical Society," said,—that in addressing the Society on this occasion, he considered it to be quite unnecessary to enter into a formal refutation of the principles of homœopathy, but before proceeding further, he would exculpate himself from the charge of inconsistency brought against him by Dr. Henderson, to the effect that he had himself countenanced homœopathy in two instances. This charge appeared at the time in the various medical periodicals. Now, regarding this inconsistency as tantamount to a practical falsehood, he (Mr. Syme) took the present opportunity of exhibiting the falsities of the accusation. The cases to which Dr. Henderson alludes are two in number. The fact is, there was a young man who had been under the care of Dr. Nimmo, who had been placed under his (Mr. Syme's) care. Finding that he had been attended by Dr. Henderson, Dr. Syme requested a meeting, not for the purpose of consultation, but to arrange for placing the medical treatment under the hands of another physician—Dr. John Taylor—as Mr. Syme felt that he could not co-operate with Dr. Henderson. In the second case, he met Dr. Henderson, being under no pledge not to do so. This is the whole extent of his countenance of homœopathy. Mr. Syme next stated what he conceived to be the duty of every member of the Profession. As an individual, he had long refused to adopt homœopathy, because he regarded it as mischievous folly. As a member of the licensing board, he would not refuse any candidate who complied with the regulations of the University. If such an one were base enough to disguise his real sentiments in regard to the practice of physic, the disgrace would rest with him and not with the Board. The duty of a Society like the present, he said, was clear. It was a voluntary Association for upholding sound principles of practice, and for elevating professional character. If, therefore, a member departed from the principles of the Society, and placed himself in opposition to them, he should be requested to withdraw from their body; or, if seeking admission, he should be excluded. He trusted the motion would be unanimously adopted.

Professor Simpson seconded Mr. Syme's motion, and alike also defended himself from the charge of meeting homœopaths in consultation, which emanated from the same quarter. Dr. Henderson affirmed that Dr. Simpson had met him in consultation in some cases; Dr. S., therefore, called upon Dr. Henderson to ask what these cases were. It so happened that Dr. Simpson had anxiously attended Dr.

Henderson's own wife; but she, with her husband's sanction, was treated on the ordinary principles of scientific medicine, and not homœopathy. In doing this, no one would accuse Dr. Simpson of countenancing homœopathy. Dr. Henderson, however, mentioned two cases,—one of uterine disease, and the other of disease of the labium. Dr. Henderson had, it is true, previously attended them, and had asked Dr. Simpson to take charge of them, but he did not attend them with, or for, Dr. Henderson. In one other case he certainly did meet Dr. Henderson at the bed-side, but this was a case involving an operation, and not internal treatment; but even in doing this much, Professor Simpson was now convinced he acted wrongly; he had erred in going thus far. However, even if Dr. Henderson's statements had been true to a far greater extent, it only proved, that hitherto the Profession had been over-indulgent to him and his heresy, believing, as his friends did, that the delusion would soon subside. But, because they had been over-tolerant, it was no reason why they should continue so. It now became the duty of the Society to make their stand, feeling that every proper consideration for themselves and the noble science they cultivate, calls imperatively for a complete casting off of homœopathic practitioners, as abettors of delusions and errors. Dr. Simpson continued to draw a parallel between these impostors and the brothers in another profession—Joe Smith and the Mormons. These two heresies, the homœopathic and Mormonite, had in fact many points in common, and even both equally absurd. Some homœopaths profess Hahnemann to have been inspired, [Witness the ravings of the clerical witling quoted by Dr. Cormack.—Ed. P. J.] as the Mormonites do of Joe Smith. It is true, we have no standard of faith whereby to test medical opinion, but we have the standard of common sense. Judged by this, Hahnemann's dogmas are a tissue of the strangest contradictions and the wildest absurdities. If a grown up man were seriously to say that two and two make five, he would not be considered sane, as he defies the dictates of common sense. When other grown up men tell the world, that they can cure this or that disease by the billionth or decillionth of a grain of a drug, they express an opinion more palpably absurd than that of him who says two and two make five. If men would reflect what a billion or a decillion really is, they would not be so childishly credulous. There is no poison so strong that a billionth of a grain would in the least affect a fly, much less a human being. These people tell us that division of their drugs

invests them with "tremendous" power, but one of these "tremendous" billionths will not affect the frailest insect. For what is a billionth of a grain? Why, if a grain of sulphur were divided into billionths, and our first parent, Adam, had, when living, (6,000 years ago,) swallowed one such billionth every second until the present time, supposing he had lived so long, he would not yet have swallowed half the grain. He must work on at the rate of sixty billionths a minute for 24,000 years to come, to get through with the entire grain. Yet, forsooth, these wiseacres believe that a few of these billionths will cure an attack of jaundice. Appealing to common sense, should not such men be requested to withdraw from scientific societies like the present? However, a billionth of a grain is a large dose; some give the tenth dilution or the decillionth of a grain. Little do they reckon what a decillionth is. Here is notation:—1,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. Now, the world contains nine hundred millions of human beings. If all these nine hundred had lived from the commencement of the world, and each had swallowed, every second of their existence, a decillionth of a grain, they would not yet have finished the grain. And, say the homœopaths, a few of these decillionth globules of belladonna will cure scarlet fever. One remark of Mr. Syme reminded Dr. Simpson of a curious fact in the early history of homœopathy in Edinburgh, proving on the one hand how far imagination will go; on the other hand, that all homœopathic globules are alike, or rather alike inactive. Some eight years ago Dr. Simpson received a present of a box of homœopathic medicines from an old school-fellow, who had set up as a homœopathic druggist. During the time it was in Dr. Simpson's possession, it was given as a plaything to his son, then a child. The boy amused himself by uncorking the bottles, emptying their contents into a general heap, and then refilling them promiscuously. The effect of this was complete compounding of the globules of different kinds, by mixing them together. It soon happened that a professional brother calling at Dr. Simpson's, took a fancy to the box and carried it off. Many weeks after, the new proprietor of the box met Dr. Simpson, and told him he had been trying homœopathy with the contents of his box, and that he had accomplished wonderful cures. Dr. Simpson enjoyed the joke, and said nothing about the box, until, finding his friend had got deep into the homœopathic mine, and actually published a list of cases, he at length told him of the elaborate mix-

ture the globules had undergone. This friend is Dr. Henderson!!! In conclusion, Dr. Simpson alluded to those impostors who, pretending to be homœopathists, prescribed ordinary doses in the guise of globules, and practised either way, as best suited their own pockets and the caprices of the patient. These, he argued, should be expelled from the Society.

At the conclusion of this instructive as well as important meeting, the globulists, Drs. Rutherford, Russell, and James Russell, had the good sense to anticipate expulsion by resigning their seats as members of the society.—*Medical Examiner*.

The following is too rich to be lost:—

PHOSPHATE OF LIME.—Verily, there is nothing new under the sun. Even the idea which seems to come fresh from the coinage of a creative mind, is but a resurrection of the buried memory of a thought that had laid in “cold obstruction” for centuries, and the Phosphate of lime finds its prototype in Album Græcum! In the cause of science, a man must make some sacrifice of modesty, and we will be excused by all liberal minded persons if the adoption of a vulgar vernacular becomes necessary in a dissertation upon the historical virtues of the Stercus Canium Album; in plain English, white dog dung! According to authority it consists almost wholly of Phosphate of lime, and was a long time since, thank God—esteemed a marvelous remedy in many diseases.

Has any deep-seeking inquirer into the mysteries of human faith, ever learned the secret of that confidence which is so strangely reposed in these stercoracious abominations of the domestic pharmacopœia. Even Dr. Dunglison, for whom we entertain the highest regard, sets out dog dung in his dictionary in all the priggish affectation of Greek and Latin.

Many there are, in our generation, of those inspired blockheads who profess an instinctive knowledge of medicine, and entertain a robust faith in the curative virtues of barn-yard poultices; the cumfarty elecampane wizards, who abjure doctors' means, do worlds of wonders with yarbs and spells, and gravely tell you, with an air of superior wisdom, that sheep saffron is powerful for a sweat. We have an oath registered on the records of early boyhood, which stands with the accumulated interest of a good many years unprofitably spent, against an old granny who watched us through our spell

of measles and doctored us, in despite of our desperate resistance, with physic which cost nothing more than a daily walk to the sheep pasture. There are some wrongs which time may palliate and reparation cure; but to sully the pride of budding manhood by a dose so diabolical, is an outrage of a die so deep, that, by the memory of an outraged stomach, we can scarcely now muster christian charity enough to forgive it, although its author has been for many years in Abraham's bosom.

The last, freshest, foulest abomination that we have heard of, was reported to us by our trusty friend, J. H. Would that we could place his face and pantomime before our readers, to aid the description which he gave us of the new remedy. Our friend, in company with a companion, who is also responsible for the truth of the narrative, was called into some of the remote counties of the State, during the latter part of the summer, on business. One of the districts visited by them had been severely ravaged by dysentery, in that fatal form which, under the name of "bloody flux," has filled so many graves in Kentucky.

The disease was talked of everywhere, and our friends heard many remedies that succeeded in miraculously "curing every case after the doctors had failed." The crowning essence was revealed to them by a host who had cured several of his family, and took some himself by way of experiment. We give this part of the story in the language of the old gentleman, as it was reported to us by our friend. "You must go out early in the morning while the dew is on the ground, to the hog-pen; look around and find the jinted dung of the swine—no other will answer—take the middle jints and bile them down to a syrup, and give freely for effect!!!" Compound concentrated syrup of hog d—g; warranted to cure coughs, colds, cancers, consumptions, cramps, &c. &c. &c.—Prepared after the process of the celebrated Baron Von Thundermug!

We have heard it gravely suggested, that quite a number of the most celebrated quack remedies are—between you and I, kind reader—composed of some of the above elements. Think of that, ye dainty dyspeptics, with your dinner pills and digestive fluids.—Think, as the sugar-coated pellet rolls over your gullet on its way to the gaping abyss beneath, that it may be a gilded deception, and that an aromatic ball from one sheep's bowels is thus on its road through those of a second. Your Pepsin, my dear madam, and those nice homœopathic pillules, may be Album Græcum, after all that the

chemist says about milk and sugar ; and, there, by the Lord, that fat gentleman has just bolted an egregious bolus of the Comp. Conc. Extr. of H—g D—g, supposing, innocent man, that it is, as its name implies, a Comp. Extract of Sarsaparilla, or some other neutral substance. Get the filth from your stomachs, gentlemen ; and, in future, beware of quack medicines.—*Trans. Med. Journal.*

AMERICAN MEDICAL SOCIETY IN PARIS.—The following is a Circular recently received from our professional friends in Paris, with whom we deeply sympathize :

CIRCULAR.

PARIS, January 12th, 1852.

At a recent meeting of American Physicians in Paris, an association was established, whose object is the promotion of medical science.

This association, essentially national, is now progressing under the most favorable auspices. It is intended to be *permanent* in its nature and is designated the *American Medical Society in Paris*. Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves isolated from our national medical literature, and, therefore, confidently appeal to the conductors of American journals and periodicals.

We do this with the less hesitation, feeling assured that it will be not only a medium of improvement to ourselves, but a means of a more general diffusion and just appreciation of American Medical Literature.

By order of the Society.

A. J. SEMMES, M. D.,

Corresponding Secretary of the American Medical Society in Paris.

DEATH OF PRIESSNITZ.—The Medical Examiner says that Priessnitz, the founder of hydropathy, died at Grafenburg on the 26th of November, at the age of fifty-two. In the morning of that day Priessnitz was up and stirring at an early hour, but complained of the cold, and had wood brought in to make a large fire. His friends had for some time believed him to be suffering from dropsy of the chest, and, at their earnest entreaty, he consented to take a little medicine, exclaiming all the while, "It is of no use." He would see no physician, but remained to the last true to his faith. About 4 o'clock in the afternoon of the 26th, he asked to be carried to bed, and upon being laid down he expired."

TO OUR PATRONS.—Since the issue of our January number we have been under the *necessity* of assuming the pecuniary responsibilities of this Journal—a debt for publishing to the amount of \$950, \$300 of which (not being due till July next) came upon the concern, which had to be paid or allow our suffering *offspring* to give up the ghost. This we could not stand, so we *forked over* the amount. Now, gentlemen, please direct your favors, *contributional, pecuniary and friendly*, to ourself, and they shall be attended to promptly.

C. W. JAMES, Esq., and his Assistants, are authorized to collect the dues to our Journal. We wish it understood that we have to pay him twenty per cent. for all collections made.

SPRING COURSE OF LECTURES.—By reference to our advertising department it will be seen that a portion of the Faculty of Starling Medical College have organized, for the purpose of giving a course of instruction to those students who may choose to avail themselves of such advantages. The Course will embrace about three months, commencing on the 24th of March. It is intended to make the Course a practical one, and to dwell more particularly on some great *specialties*, which cannot be fully considered in the Winter Session. Laying aside our own interests, provided it be possible to do so, we have no hesitation in recommending this Course to those Students, who have the means to bear a little extra expense, and the ambition to render themselves *au fait* in professional knowledge. The Students will be expected to attend two or three lectures a day, recite, read standard works, and attend the Clinics.

OHIO LUNATIC ASYLUM.—The Report of the Superintendent of this Institution has just been placed upon our table. It is a very lengthy and ably written document, and we regret that we have not room in this number of our Journal to quote from its pages. We are happy to say, however, that the Report, we are informed, will be reviewed and its excellencies portrayed by an abler pen than ours, in our next.

BACK NUMBERS.—We have a few complete sets of our Journal on hand. To aid in relieving it of its embarrassments we will send the first three volumes to any subscriber for four dollars, in advance. For five dollars we will send them postage paid. The first volume was edited by the lamented BUTTERFIELD.

THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. IV.

Columbus, May 1, 1852.

No. 5.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Cases in Operative Surgery, etc.* By R. L. HOWARD, M. D.,
Professor of Surgery, &c., Columbus, Ohio.

CASE I.—*Enormous Tumor of Testicle, involving the Omentum.*—
Operation—Cure.—Mr. D., aged 28, Grocer, of sanguine nervous temperament, applied to me about the 1st of February last, for advice concerning a large tumor connected with the left testicle. He informed me that from childhood he had been afflicted with rupture on the left side; that whenever the hernia protruded, the uneasiness or pain in the part compelled him to reduce it immediately, which he was generally able to do without resorting to a physician. The hernial tumor continued to increase in size gradually until eighteen months ago, when he was unable to reduce it. Since that period it has remained in the scrotum. The pain occasioned by this irreducible hernia, at first quite annoying, gradually increased until the present time, so that now the pain and mechanical inconvenience have become so intolerable that he was forced to seek surgical aid.

On examination, the tumor was found to be about the size and shape of an ordinary child's head six months old, quite regular in its outline, elastic to the touch, with almost a feeling of fluctuation. There was dragging pain in the back, extending thence to the tumor. The general health was tolerably good, and but slight if any cachectic appearance. I at first thought it Hydrocele; but, by its opacity, absence of a perfect fluctuation, &c., I was soon convinced to the contrary. I might say here, that the volume of the spermatic chord

was materially increased, but it did not appear to be involved in carcinomatous degeneration.

I advised its removal by operation, to which he consented, and on the 7th of February he came before the Class of Starling Medical College for that purpose. With some difficulty, he was placed under the influence of chloroform. The operation was commenced and prosecuted in the usual manner for castration. On cutting through the fascia which overspreads the spermatic chord, I came upon another membrane which appeared like the external surface of the peritoneum. Dividing this, I brought into full view a cylindrical mass of omentum, which I followed, by careful dissection to the tumor below. Here, to my surprise and perplexity, I found the omentum firmly attached to, and thoroughly incorporated with, the morbid growth. There was no line of separation, or of demarkation between them. No alternative presenting itself to my mind, I immediately divided the omentum by a clean cut as near the tumor as practicable, tied the vessels, returned the former into the abdomen, and dissected out the latter without difficulty. Stitches and adhesive straps were applied to approximate the lips of the wound, and the patient rode without complaint, half a mile to his residence in a carriage.

For twenty-four hours matters progressed pleasantly. At the end of forty-eight hours, the whole scrotum was found to be involved in a low form of inflammation, and on the eve of gangrene. For this occurrence I was at a loss to account, until the patient himself informed me that, in voiding his urine, by accident, a small quantity passed between the cut edges of the integument, and became infiltrated into the areolar tissue of that part. Although I made free incisions with the bistoury, to allow the fluids to escape and to relieve tension, at the end of another twenty-four hours, the whole scrotum had perished by mortification.

Thus began a train of symptoms or series of events that brought the patient to the very brink of the grave, nearer, indeed, than I have ever seen a human being come, and finally survive. Instead of healthy adhesion or granulation and suppuration, a greenish watery discharge issued from the wound. Erysipelas attacked the parts around the wound about the fifth day, and soon involved the integuments and cellular tissue of the left side of the abdomen and upper part of the thigh. This was followed by mortification almost co-extensive with the inflammation; so that the external oblique was, to

a considerable extent, completely exposed ; also the anterior muscles of the thigh. At the end of two weeks the erysipelatous inflammation attacked the face and spread over the entire scalp, but did not run into a gangrenous form. During this whole period, between two and three weeks, the patient was delirious in the extreme, the secretions were perverted or wholly suppressed, and a rapid typhoid sinking seemed to render a fatal result inevitable, and not a shadow of hope was entertained of his recovery until the end of four weeks.

The *treatment*, in this case, may be summed up in a few words. Antiphlogistics, such as antimonials, nitre, calomel, opium, &c., were employed, for the first three or four days during the inflammatory stage. When the patient began to sink under the depressing influence of mortification, quinine, wine, brandy, opium, wine-whey, and various other stimulants were plied as thoroughly as the system and circumstances seemed to demand. Under the influence of these remedies, with animal broths and other nutritious articles of diet, the patient was sustained and borne up ; so that now, April 4th, he is walking about his premises and able to attend slightly to business.

The tumor on examination, was found to be internally of a soft, pulpy consistence, homogenous, slightly vascular, probably of an atheromatous character. I am inclined to believe that the growth commenced in the lower border of the omentum, from the fact that the patient was able, until the last year and a half, to return it into the cavity of the abdomen, through the inguinal canal, and also that they were incorporated together ; but after this, its size prevented its return. This, however, is mere conjecture. No vestige of a testicle could be found in, or attached to the morbid growth.

CASE II.—*Stone in the Bladder—Operation—Cure.*—T. R., aged six years, Franklin County, Ohio, had been afflicted for five years with occasional difficulty in voiding his urine.—Coming on mostly in paroxysms, he was supposed to be troubled with worms, and was consequently frequently plied with various vermifuge remedies, for the purpose of exterminating these noxious vermin. The severe catharsis which usually followed the medicines administered, seemed to reduce the system somewhat, and to allay the irritation of the urinary organs. About the middle of March last, the father of the boy was persuaded to adopt a more effectual course, and I was called upon to decide what should be done.

On sounding the little fellow, which, by the way, produced the most intense agony, the instrument immediately struck a stone of considerable size. An operation was, without hesitation, advised and consented to—and nothing remained to be done but to prepare the patient for it. He was ordered a brisk cathartic of castor oil and turpentine, every other day, for three alternate days. On the intermediate days and nights, he was to take a sufficient quantity of Dover's Powder, accompanied with half a teaspoonful of Balsam Copaiva, to allay the pain and irritation in the urinary organs, as far as possible.—Diet to be nutritious, but unstimulating.

On the 18th of March, I visited the patient for the purpose of removing the stone by an operation for which he had been begging frequently for the last two years. He extracted a promise from me that I would not begin to cut until he was *asleep*. Under this promise, he laid like an unsuspecting lamb which

“Licks the hand just raised to shed his blood,”

until I had tied his hands and feet together, and placed him upon a table in a proper position for the operation.

When under the influence of chloroform, I proceeded to cut by the lateral method. After entering the bladder with the forceps, I extracted a stone, composed of the triple phosphate and carbonate of lime, which measured two and a half inches around its shortest, and four and three-fourths inches around its largest diameter. As soon as the patient was released and placed in bed, he awoke as from a placid sleep, without the slightest evidence of a constitutional shock or suffering, and soon asked for a “piece of bread and butter,” which, being given him, he ate with as much relish and unconcern as if nothing had happened.

I have not seen the patient since the operation ; but I am informed he made a rapid and complete recovery. Not an untoward symptom interrupted his convalescence. My assistants, in the above operation, were Drs. Carroll, Goldrick, Langworthy, Parker, and my private pupils, Messrs. Darling and Barr.

CASE III.—*Stone in the Bladder—Probably of twenty-four years standing—Operation—Cure.*—G. C., aged 26, Champaign County, Ohio, of spare habit and nervous temperament. On the 22d of March I visited this patient, and found him in the following condition : General emaciation considerable—countenance anxious and expressive of the greatest apprehension—digestive organs extremely variable, so also the appetite—discharge of urine frequent, accom-

panied with intense burning pain in the perineum—seldom interrupted, either before or after it commences to flow—a large quantity of muco-purulent matter subsides when urine is allowed to stand—blood has never been discharged from the bladder. Patient has now been confined to his bed for nearly three months; and, with the above symptoms constantly increasing in severity. On sounding, a stone in the bladder was immediately detected. The bare announcement of which so shocked and completely overcame the patient, that nothing farther at that time could be done. He repeated with the deepest feeling, and vehemence, that with or without an operation, death must be the inevitable result. He could neither submit to, endure, nor survive it, however painless it might be. Under these circumstances, with the concurrence of Drs. Fyfe, Goddard, Mosgrove, Vance, and perhaps others, I decided to place the patient under a course of preparatory treatment similar to the one recommended in case II., and to leave him to his own quiet reflections.

In about two days after I returned home, I received a letter from my friend, Dr. Goddard, stating that the patient was now ready and willing and even anxious for the operation. The treatment was advised to be continued, and on Monday, March 29th, I visited Mr. C., placed him under the influence of chloroform, and made the lateral operation by which I succeeded, with great difficulty, however, on account of its size and jagged roughness, in removing a stone four by five and a half inches in circumference.

Upon the insertion of the tube through the wound, the patient was untied and placed in bed; and, when completely aroused and conscious of his condition, I shall never forget his demonstrations of joy and gratitude to those who had been instrumental in his deliverance from an affliction worse than a thousand deaths, which had, almost uninterruptedly annoyed and tormented him from his infancy until the present time.

April 9th.—Since the operation, the patient has been in a very critical condition. Daily letters from his attending physicians, have informed me that great prostration and constitutional irritation supervened; and thus his life, for some days, was nearly despaired of. There was complete loss of appetite, great depression of spirits, gradual sinking of the vital powers, and an intense dryness of the fauces, incapable of the slightest alleviation for many days. But, by the free use of wine, brandy, ammonia, and other stimulants, he was

sustained, until within the last three days, the symptoms have assumed a more promising appearance; and the physician, Dr. Goddard, expresses strong confidence in his recovery.*

On an analysis, made by my young friend, Dr. Wormley, of Columbus, the stone is found to be "composed of oxalate of lime, interspersed with minute chrystals of phosphate of ammonia and magnesia. Weight of calculus 628 grains; specific gravity 1.654.

CASE IV.—*Pressure upon the Abdominal Aorta, in Uterine Hemorrhage.*—Some time in the month of March last, Mrs. L., aged about 30 years, of spare habit, delicate constitution, nervous temperament, and eight months advanced in pregnancy with her second child, was attacked violently with pneumonia of the right lung. Although far from being plethoric, the pain, oppression, and difficulty of breathing, were so severe, that I drew a pint of blood from the arm in a full stream. This, with antimonials, Dover's Powder, rubefacients, demulcents, &c. &c., succeeded in subduing the violence of the disease in the course of four or five days. In two weeks she had entirely recovered from the attack.

About a week since, after partaking freely of fresh fish for her breakfast, which she relished extremely well, she was attacked with intense pain in the stomach, nausea, and violent and frequent vomiting. When I was summoned to her bedside, I found her sufferings intolerable. She began to have some periodical pains in her back, announcing the approach of labor. By the free use of soda, ginger, camphor, ether and morphine, with rubefacients over the epigastrium, I soon succeeded in producing quietness of the stomach and perfect convalescence.

On the night of the 7th inst., she was taken in labor. At eight o'clock the following morning, I found it progressing naturally, with a vertex presentation—os uteri dilating. At 11 o'clock she was safely delivered of a fine daughter. The uterus speedily contracted, accompanied with considerable pain. In about 20 minutes I found the placenta in the vagina. On removing it, a gush of blood occurred which startled me. In a few moments, she remarked that she could not see, and the next, said she was *very faint*, and began to gasp for breath. In an instant my hand was upon the hypogastrium, where I found the uterus under the influence of pressure and friction, occasionally making efforts at contraction; but relaxation

* April 20, patient recovered.

of its walls prevailed, and I could *hear* the blood flow from the vagina. The woman was evidently *dying* from uterine hemorrhage, and what was to be done? Should I apply pressure, friction and cold to the hypogastrium? I had done this without any substantial effect. Should I give ergot, opium, sugar of lead?—There was no time certainly for these to act. Should I, according to the teachings of my honored preceptor and late colleague, Prof. Childs, apply the *tampon*, for the purpose of kindling up a “harmony of function,” by “establishing the necessary relations between the uterus and its contents”? The loss of half a pint more of the vital fluid would insure death to my patient, already in *articulo mortis*. The womb, now completely relaxed, would receive half a gallon of blood before it would “cry enough.” This measure was out of the question. At this critical moment, the thought of pressure upon the abdominal aorta, first suggested by a writer in one of the cotemporaries of this Journal, whose name I have not time to ascertain, entered my mind. The pressure was applied with my fingers almost as soon as thought of, and I could succeed with perfect ease in completely arresting the flow of blood through this large vessel to the lower half of the body. The pulsation in this artery was a mere wave, which was barely perceptible. In an instant after the pressure was applied, flooding ceased; and in three minutes I could see a decided change in the appearance of my patient. The cadaveric countenance began to disappear, and the color appeared, though slightly, in her lips. Though delirious and half convulsed, from want of blood in the brain, in ten minutes her consciousness returned, and in half an hour, reaction, yet feeble, was established. The uterus now contracted upon its contents, and good sound “after pains,” in the course of an hour, insured the safety of my patient.

In my own mind, I have no doubt that pressure upon the aorta was instrumental in rescuing Mrs. L. from the grave. It seems to me, nothing else could have saved her; as there was no power in the uterus of itself to contract, and thus to close the open mouths of its bleeding vessels. *She would have as certainly bled to death as if there had been an opening through the walls of the heart!*

Unless the patient possess a large amount of *embonpoint*, pressure upon the abdominal aorta, after delivery, so as to obstruct the circulation through it, is perfectly practicable. The two Recti muscles are, by the internal pressure of the gravid uterus, widely separated and elongated—the fibrous tissues of which the linea alba are composed,

are relaxed and attenuated from the same cause, so that the fingers can be passed down between the Recti muscles very readily, until they reach the aorta, lying upon the lumbar portion of the spine. Every circumstance seems to favor the application of this remedial agent. Another thought should not be omitted. While pressure is thus made, in cases of extreme danger, from great loss of blood, of course, for the time being, no more blood is sent to the lower half of the body. Nevertheless, the venous circulation continues to *bring back* from the lower extremities a quantity of blood to the heart and the other vital organs, which contribute not a little to their resuscitation. Indeed I cannot see how a woman need die from uterine hemorrhage, under such circumstances, where pressure upon the abdominal aorta is properly and opportunely made.

ART. 2.—*Rheumatic Inflammation, as a Sequel of Dysentery.* By SAMUEL C. MENDENHALL, M. D., *Bloomfield, Ohio.*

An attentive survey of the class of diseases usually styled *rheumatic* in their character, will convince the observer that the term is vaguely applied to pathological conditions, radically distinct, yet seemingly identical. The correctness of this assertion is manifest, from the immense variety and opposite tendency of the modes of treatment recommended by our standard authors. As Watson well observes, the unsatisfactory, and often contradictory views of these authors, who are recognized as authorities on other subjects, show, conclusively, that the subject is by no means as well understood as are many other portions of medical science.

Careful and minute examination of the various modifications of rheumatic inflammation, affords the only means of arriving at a correct diagnosis ; and, upon this alone, can be predicated rational and scientific treatment. With a view of contributing something to the elucidation of this difficult and important subject, I design to succinctly state what I have observed in one form of arthritic inflammation.

During the summer and autumn of 1851, a severe epidemic dysentery prevailed in many parts of Ohio, and, indeed, pretty generally through the west. In the region where I reside, it was very prevalent, and violent in its character. When the disease began to subside, the usual sequelæ developed themselves in abundance—among the rest, *rheumatism*.

Sept. 19, 1851.—Called to see Z. C——, farmer, middle aged, nervo-bilious temperament, resides in Porter township, Delaware county. Found him almost frantic with the severity of the pain in his limbs, pulse 94, countenance anxious, ankles, knees, hips, back and wrists, swollen and painful to the touch, the slightest movement causing shrieks of distress, appetite null, eyes bloodshot, no sleep for many nights, bowels constipated. Learned that, some weeks previous, he had suffered a severe attack of dysentery, alvine hemorrhage considerable for many days; had partially recovered when he was again prostrated with the symptoms of acute rheumatism. Had been under the care of one of the “Botanic” faculty, until *steam*, *lobelia* and *cayenne* failing, he declared his inability to benefit the case. A neighboring physician was then called in, who treated him with some success, so far as the alleviation of some pectoral difficulties then present were concerned, but with no benefit to the arthritic inflammation. Finally, at the suggestion of a neighbor, I was summoned.

Ordered a thorough mercurial cathartic, which produced, in four or five hours, an enormous evacuation of the most offensive character. A teaspoonful of a mixture composed of equal parts of Vinum Colchici, and Am. Tinc. Guaiac, to be given every four hours. The parts affected to be bathed with a liniment composed of gum camphor, Aqua Amm., olive oil, turpentine, and oil origanum, the strength varied to suit the sensibility of the skin. A little morphine and assafoetida, occasionally, to relieve pain and restlessness.

Sept. 20.—Patient slept some during the night, thinks his back is not so painful, pulse 88, countenance less anxious, some nausea, external appearance of the joints unchanged.

Ordered a sinapism to the epigastrium, to allay the nausea, the liniment to be continued, the colchicum and guaiac, as before, except that the interval was changed to six hours.

Sept. 21. Patient much better; pulse 76; countenance natural; swelling about the joints sensibly diminished; pain nearly subsided; urine very copious; can get out of the bed without assistance.

From this time he convalesced steadily and rapidly, with the exception of severe nausea and vomiting, which supervened under the use of the colchicum and guaiac, which were continued in diminished doses for a few days. This symptom was easily controlled; in a short time he could walk about, and recovery was permanent and complete.

Oct. 23, 1851. Was called in the night to see Mrs. F., aged 48,

residence, Bennington tp. Morrow co. Found her laboring under a very severe attack of arthritis, following dysentery, almost identical in character with the preceding case. Desirous of testing the value of the different articles used in Mr. C.'s case, I pursued the same course indicated above, except that no *colchicum* was used. The result was very unsatisfactory; after a whole week's persevering trial the symptoms were rather aggravated, than otherwise. I then added the colchicum, and in two days the result was obvious—the disease gave way at once, and with the exception of the effusion of some serum in the cellular tissue of one of the lower extremities, (the consequence of previous local disease) she progressed satisfactorily, and is now free from rheumatic symptoms.

It would perhaps be needless to specify more individual examples. Within the last ten months I have treated many such cases as those mentioned above. The effect of the guaiac and colchicum *when combined*, has never yet disappointed my expectations. When inflammation has existed for some time preceding the structural changes, adhesions, &c., in the tissues implicated, the effect produced, is necessarily less speedy. It is by no means my wish to claim any *specific* power for any article. But in recent cases I regard a course like the one described, as the most reliable one I am acquainted with for this particular form of disease.

The decided and prompt effect of colchicum in cases of what may perhaps be properly styled *dysenteric* rheumatism, in connection with its acknowledged efficacy in *gout*, naturally suggests the enquiry what relation exists between the two diseases? Colchicum has little power over ordinary rheumatism; yet it controls this disease promptly. What effect does the preceding dysentery have in modifying the disease? Does the changed condition of the vital fluids produced by the original disease, cause the peculiar inflammation *ab initio*?—or is it merely metastasis, as is suggested by a medical friend?

These are questions of importance to the practitioner, as well as the pathologist. Of two points I am confident—the disease is intimately connected with the antecedent intestinal disorder. It is radically different from the common forms of acute rheumatism. The subject is worthy of investigation.

ART. III.—*Case of Stricture of the Rectum, terminating in death on the fiftieth day of the Disease.* By JOHN N. BEACH, M. D., Unionville Centre, O.

I believe that in a majority of cases of protracted constipation, or obstruction of the bowels, a careful study of the symptoms, or a proper consideration of all the circumstances connected therewith, will lead to correct conclusions as to the cause; but in the following curious case there were no symptoms that led to the slightest suspicion of the cause, and I repeat it, in hopes that it may direct attention in such cases to the rectum, as the possible point of obstruction, even when all the symptoms are absent that usually precede the entire closure of this part, by stricture.

June 24th, 1851.—Called to see Mrs. P., aged about 30, and found her in the following condition: Skin moist, and of a natural temperature; tongue slightly coated yellow; appetite impaired. The only thing that seemed to merit particular attention, was the recurrence about every half hour of paroxysms of severe griping pain about the umbilicus, and lower part of the abdomen—the paroxysms lasting one or two minutes, and leaving her perfectly easy and cheerful during the intervals. Upon enquiring, I learned that she had, for some months previous, been in poor health, having occasional attacks of diarrhoea, colic, &c., indicating a deranged and debilitated condition of the digestive apparatus. She had eaten freely of cherries on the 22d, but felt no worse than usual, until the 23d, when she had slight pain in the abdomen, and a diarrhoea, the latter of which she soon checked by the use of Ess. of Peppermint and camphor-water, and kept on with her domestic duties through the day. In the evening of the 23d, she took a cathartic of Epsom salts, which failing to operate, and the pain being more severe the next day, I was called in. I observed nothing about the case differing from the cases which I had treated within a short time previous, of simple colic, depending upon errors in diet, and other transient causes, and which were soon relieved by opiates and cathartics, and I accordingly gave her a cathartic of calomel and jalap, with $1\frac{1}{2}$ or 2 grs. of opium, ordered warm pediluvia and fomentations to the bowels, and supposing I should not see her again, advised the use of wine, and the simple bitters, to restore the tone of the stomach and bowels, after the present difficulty was passed. The next morning I was called again. Bowels not moved; still remaining soft; no particu-

lar change in her condition. Ordered Castor oil and Turpentine, in cathartic doses, with 20 to 40 drops of Tinct. Opii, to be given at certain periods through the day. Visited her again in the evening, and remained all night. Some febrile excitement; abdomen somewhat enlarged; considerable tenderness in the left iliac regions, paroxysms of pain still recurring unless when relieved by opiates, and a steady pain in the region of the sacrum. Applied cups to the sacrum, fomentations to the bowels, and anodyne enema, at first of warm water, oil and turpentine, and finally of Tar. Antim. 4 grs. to 8 oz. water. Enema did not succeed. Next morning, 26th, bowels more tumid, and more tenderness in the left iliac region. Applied a blister to the part, and as the case was assuming a rather unexpected importance, sent for Dr. C. McClelland, in consultation. By the time of his arrival, the blister had drawn well and with good effect upon the tenderness and tumidity of the abdomen. Dr. McC. suggested the use of simple warm water, or mucilaginous enema, in as large quantities as possible, and advised the continuance of the administration of Castor oil, &c., in such doses as the stomach would bear.

27th, Evening.—Feverish; pulse quick, feeble, and frequent; tongue dry; lips and eyes red; considerable tenderness of the abdomen. Prescribed 4 grs. of Calomel, with Morphine and Ipecac, every four hours; fomentations to be continued.

28th, Evening.—Has taken six of the powders of Cal. & Dov. Pow. pulse slower; tongue moist; tenderness of the bowels entirely subsided; slight ptialism. From this time up to the 3d of July, the same course was followed; i. e. opium, laxatives, fomentations, and in addition to these, the warm bath. During this time there was no fever, and with the exception of the occasional paroxysms of pain, was comfortable. But slight enlargement of the abdomen, and no tenderness.

July 3d.—Five drops of Croton oil were rubbed on the epigastrium; five drops were given by mouth, through the day, and the same amount by injection, but without avail.

July 4, Evening.—Abdomen tumid, and very tender to the touch; tongue brown and dry; lips black and cracked; teeth covered with sordes; pulse quick, frequent, and very feeble. Blister over the abdomen, foot-bath, and mucilaginous drinks.

July 5th.—Decided change for the better in the condition of the mouth, skin, and pulse. No operation of the bowels yet. On the

night of the 6th, a tobacco injection was used. Called to see her early July 7th. Extremities cold; pulse almost extinct at the wrist; sensation of sinking about the heart and epigastrium; great heat and pain in the back of the head, and imperfect vision. This alarming condition of things passed away under the use of diffusible stimuli, frictions to the extremities, synapisms to the ankles, epigastrium and chest.

July 8th.—Attached a large, flexible, male catheter to a syringe, by which I *intended* to completely fill up and wash out the colon. I did not manage these injections myself, but from the length of the tube, I suppose it would pass the sigmoid flexure. In this way, two quarts of water were frequently used as an injection, and from the amount used, and the sensation of pain it produced along the track of the colon, as well as the appearance of the abdomen, I had not the least doubt but that they passed freely into the colon, where they would frequently remain an hour, and after the first day, pass away clear and without any fecal odor.

A detailed history of the whole progress of the disease, with its treatment, would not be interesting. Of course, I did not take the responsibility of treating so protracted and complicated a case entirely alone, but called for such advice as I thought might result in benefit to the patient, and a great many physicians also visited her out of a natural curiosity to learn the particulars of so singular a case, and the views of some of these, and the treatment resulting therefrom, were adopted, a general outline of which will perhaps be all that will be necessary. First, I will mention the main features of the disease: Through the whole of its course the spasms of the bowels continued at irregular intervals, unless relieved by opium or chloroform. As a general thing there was but little tenderness of the abdomen—a greater part of the time she would bear hard pressure without pain, and until the second week it was not much increased in size; after this they were always more or less distended, and enormously so towards the termination. There was occasional paroxysms of fever, but this, with a greater part of the tenderness, during the first four weeks, was attributable to inflammation produced by the use of irritating cathartics, which was quickly reduced by suspending the use of the medicine, and by the use of blisters, fomentations, mucilaginous drinks, &c. During the first two weeks the tongue was more or less coated, it then cleaned off, and remained clean, smooth, glossy, moist and red, until within a short time

before death. The appetite was not much impaired, nor was there much emaciation or loss of strength, until after the fifth week. The treatment after the second week was varied, according as different opinions of the cause were entertained. It is only necessary to mention that it embraced the use of the mildest laxatives, and most active cathartics, simple stimulating and sedative enema, the use of the warm bath, fomentations, &c., together with all the means that could be employed to relax spasm, ward off dangerous inflammation, &c. During the last week, typhoid symptoms set in, emaciation went on rapidly, subsultus tendinum, the abdomen was enormously distended, tender, and the paroxysms of pain excruciating. In this way she lingered until the fiftieth day of her illness, when death terminated her sufferings. During this fifty days there was no evacuation of the bowels, or stercoraceous vomiting.

Post Mortem Appearances.—In consequence of some hurry in the preparations for interment, the examination was not as minute as it might have been under other circumstances, but perhaps it embraced all that was necessary. On opening the abdomen, the following condition of things appeared: Stomach empty, and exhibiting but slight traces of previous inflammatory action; small intestines in a healthy condition, and to the surprise of all present, were found almost entirely empty, while the colon was distended to more than three times its natural size, filling nearly the whole abdomen. The descending portion was in a sloughing condition, and so much disorganized, that a slight force with the fingers, in moving the intestine, ruptured it, and it contained six quarts of semi-fluid fecal matter. Of course the obstruction was below, and on feeling, a hard fibrous mass was found occupying the upper portion of the rectum, and which was firmly bound down to the sacrum. The rectum was divided below the stricture, and the mass dissected up from the sacrum, when it was found to consist of a fibro-cartilaginous substance—very elastic, so much so as to allow the finger or handle of a scalpel to pass through it, and yet close immediately after it was withdrawn. The tumor, for such it seemed to be, took the place of the proper coats of the rectum; was about three fourths of an inch in thickness, and occupied about two and a half inches of its length, and had on its internal surface an ulcer, half an inch in diameter, about one-eighth of an inch deep, and with well defined edges.

I regard this as a rare case, not only from the nature of the

obstruction, but also considering the acuteness of the symptoms, from the length of time which passed with no evacuation from the bowels, either by the rectum or stomach.

It is also strange that there should have been no gradual increase in the difficulty of evacuating the bowels, for undoubtedly the stricture was the result of a gradual change in the part. If the nature of the obstruction had been known, could it have been removed by mechanical means?

ART. IV.—*Opium in a case of Epidemic Dysentery.* By DAVID A. HOFFMAN, M. D., Jackson, C. H. Ohio.

I observed frequently through the summer and autumn of 1851, during which time the Dysentery prevailed epidemically in this county, that my patients required, and were benefitted by large doses of Opium, but the quantity taken in the following case, so far exceeded all others within my knowledge, that I think it may be considered the "*ne plus ultra*" of Opium practice. Some may consider it more curious than useful, yet I trust it will not prove altogether uninteresting to the readers of the Journal:

My patient, Mr. M., was attacked with Dysentery some 12 hours previous to my first visit. His appearance and symptoms varied but little from other cases of the same disease, except he was much debilitated by an attack of Bronchitis. Ordered 2 grs. Opium in conjunction with other remedies, every four hours; but the disease increasing in 12 hours, it was increased to 4 grs. every four hours, and continued twenty-four hours

I was then informed that he had been using it for some time, probably in large doses, and as the quantity I was giving had but little effect, I increased it to 10 grs. every four hours, with the effect to lessen the frequency of the discharges. Continued this quantity for twelve hours, when it was increased to 15 grs., with $1\frac{1}{2}$ grs. of Sulph. Morphia or 100 gtt. of Tinct. Opii, as an enema between times. In twelve hours it was increased to 20 grs. every three hours with the effect to lengthen the time between the discharges from 3 to 7 hours, and to render the patient in every respect more comfortable. Things continued thus for 24 hours, when the symptoms again demanded an increased quantity; it was given in 25 gr. doses, every two hours, for fourteen hours, after which time it was gradually withdrawn, so that in four weeks the patient was using only about 50 grs. per diem. Some may

urge that the Opium was not good ; but I know it was, for I had been using of the same for a year.

That it was absorbed, I infer from the following facts : 1st. It could not be detected in the discharges from the bowels ; 2d. It was given in conjunction with Capsicum, Brandy, and Camphor, to insure its speedy absorption ; 3d. Whenever the doses were increased the discharges became less frequent—there was less termina and tenesmus ; his pulse became fuller, slower, and softer—in other words, there was a decided improvement in every respect.

It did not appear, at any time, to produce any cerebral disturbance. How much Brandy, Capsicum, Camphor, Carb. Ammonia, Calomel, &c., were given, I shall not pretend to say, but rest assured, they were given as freely as the nature of the case demanded.

In the treatment of the above case I was assisted by Dr. Isham, of Jackson, and Dr. Wolf, of McArthur.

ART. V.—*Paralysis of the Bowels.* By DAVID A. HOFFMAN, M. D.,
Jackson C. H., Ohio.

In June, 1850, I was requested to see Mr. M., who had some four hours previously received a severe stroke from the handle of a harrow, on the right side of the abdomen, nearly opposite the umbilicus. He was suffering intense pain ; pulse full, hard, and frequent ; tongue considerably coated ; skin hot and dry. I bled him freely ; gave Sub. Mur. Hydrar. 10 grs., Sulph. Morph. 1 gr., to be followed by Castor Oil and Turpentine, in six hours. Saw him again in 12 hours ; no motion from the bowels ; pulse small and frequent ; no pain, but abdomen quite tender and Tympanitic. Applied a blister 12 by 12, over the bowels ; gave Castor Oil and Turpentine ; ordered 5 grs. Sub. Mur. Hydrar. every four hours, and enema, until the bowels should act freely.

On visiting him next day, I learned that my directions had been faithfully carried out, but no action from the bowels. Tympanitis had increased considerably, but the tenderness had subsided ; other symptoms about as they were yesterday. Gave $1\frac{1}{2}$ drops Croton oil and continued the prescription of yesterday.

Tympanites increased, so as to interfere very much with respiration ; stomach irritable ; pulse 130 and feeble. Feeling assured at this visit, that the muscular coat of the bowels was paralyzed and disten-

ded by the gas to such a degree that they could not of themselves contract, I resolved to try the effect of astringents, with a view to cause the muscular coat to contract and thereby expel the contents of the bowels. Ordered Acetas Plumbi 5 grs., Pulv. Opii $\frac{1}{4}$ gr. every three hours, and on visiting him the next day learned that he had had four or five copious discharges; the alarming symptoms had all subsided and he rapidly recovered.

ART. VI.—*Removal of Pessary, after 41 years residence in the Pelvis.* By F. T. HURXTHAL, M. D., *Massillon, Ohio.*

Mrs. Lederman, German, æt. 73, was attacked December 17th, 1851, with a violent cough, pain in the right side, with high febrile action. Auscultation revealed pneumonites of mild character. These symptoms promptly yielded in a few days, and convalescence established. On the second day of the attack, whilst coughing violently she felt some pain in the pelvic region, which partially gave way to topical applications. After she commenced to move about her room, the pelvic pain returned, and gradually augmented until the suffering compelled her to return to her bed, and I was again summoned to see her; from the history she gave me I was apprehensive of finding a hernial protrusion of the right ovary into the vagina. An exceedingly foetid discharge had appeared the day before, and at this time the irritation communicated to the neck of the bladder was so great as to produce incontinence of urine, which added much to her misery, excoriating the external genitals and rendering life a burden. Consent to a vaginal examination being readily granted, I introduced the index finger into the vagina; its progress was interrupted by the presence of a rough, circular body, which appeared to rest upon the perinæum, and arise up behind the symphysis pubis. Finding I could make no impression upon it with the finger, without inflicting great agony upon the patient, I desisted, and represented to her that there was a foreign body there, of some kind, which would have to be removed before she could by any possibility recover. Upon interrogating her as to whether she had ever introduced any substance into this canal, she gave me the following account: In 1811, after a confinement, she had prolapsus uteri, and upon consulting a midwife, (in Germany,) she introduced a ring, which she said was made of wood, covered over with beeswax—(Cera flava.) She stated that she had never extracted it since it

was first placed there, nor has she ever felt the least inconvenience from its presence until now.

I plainly stated to her that recovery from her truly distressing condition would be impossible without the removal of this substance. To the operation for its removal, she readily consented, and on the following day I took Dr. Wm. Bowen with me, and after a tedious and unpleasant operation, succeeded in removing a pessary of $3\frac{3}{8}$ inches in its long diameter, and $2\frac{7}{8}$ inches in its transverse diameter.

The pessary was a circular ring of dense wood, over which originally a layer of 1-16 inch of beeswax had been placed, making the thickness of the ring nearly $\frac{3}{4}$ of an inch. It now presented the appearance of a roughened stone, in some parts over an inch thick—the deposit having much the appearance of stone in which the phosphate of lime predominates. The difficulty in the operation consisted in the contracted state of the os externum, not being over $1\frac{1}{4}$ inch in diameter, and defying all effort at dilation. The perinæum was dense and unyielding, and reminded me strongly of the ligamentum nucha. After a vain effort with a blunt hook, introduced into the eye of the pessary, we determined to cut it into pieces, which was accomplished with a pair of scissors about three inches long in the blades, and the whole removed in four parts.

We directed the vagina to be well washed out with soap and lukewarm water for a few days. The recovery was speedy and complete.

ART. VII.—*Wound of Abdomen and Intestines.* By ISRAEL A. COONS,
M. D., Dayton, O.

About the middle of last November, in consultation with Drs. Treon, Weaver, and Legg, I saw Mr. ———, of this county, aged about forty—occupation landlord, of temperate habits—who had been stabbed, about five hours before my arrival, with a common pocket-knife, in the superior and internal portion of the right iliac region. On examination, we found a perpendicular wound in the parietes of the abdomen, and the intestines and the omentum protruding to the size of a man's double fist. The protruding portion of the ileum was wounded in two places; in one the coats were not all perforated, the other was, in a longitudinal direction, and in extent about half an inch, allowing the free escape of the contents of the bowels. On an effort being made it was found impossible to re-

duce the protruding intestine without enlarging the external opening in the abdomen, which was done in an upward direction and the intestine reduced, after properly closing the cut in the ileum, by glovers suture, and cutting the ligature off short.

Two stitches were taken in the external wound, adhesive compress, and rollers applied. The patient was placed in bed, and nothing but the simplest fluid diet allowed. Opiates were given to allay pain, and quiet the intestines. Slight reaction came on the next day, with some pain and tympanitis, which were readily subdued by mild doses of Dover powder, and an injection to move the lower bowels. In about three weeks the patient was doing well; was allowed to be up, and at the end of six weeks the wound was nearly healed.

The following is a remarkable case. It affords another strong proof of the *duality* of mind.—ED.

ART. VIII.—*Case of extensive injury of the Cerebrum.* By ABRAHAM METZ, M. D., of Louden, Seneca County, Ohio.

On the 15th day of March, 1852, I was called on to attend Mr. George Allen, æt. 50 years. I found him with a wound in his head, about an inch to the left, and parallel with the sagittal suture, from which the cerebrum was oozing. There were then several ounces of brain attached to the wound, and I noticed some on the floor mixed with the blood flowing from the wound. The respiration was slow and difficult, the pulse intermitting and thirty-five per minute. He had those convulsions so common to extensive injuries of the brain.

The following particulars I received from his family :

At two o'clock P. M. he went into the woods, a quarter of a mile from the house, to hew timber. At three o'clock his wife noticed him returning to the house. He carried his axe and broad axe, and had his hat on his head. He put away his tools as usual, and walked into the house, and sat down on a chair. He could not speak nor open his left eye, but would turn his head and look at one when addressing him. When he was told to go to bed, he tried to draw his boots. Soon after he laid down, he became comatose, and took convulsions. I saw him about two hours after the accident had happened. It appears that, whilst he was hewing timber, with his hat off, a large limb from an adjoining tree struck him.

Upon further examination, I ascertained that there was a triangular fracture of the skull, the apex of which terminated in the middle of the

wound of the scalp, and over which the brain was making its escape. The anterior fracture extended to the external angle of the left orbit. The posterior one extended to the mastoid process. The intervening portion of the skull was depressed about half an inch, and the apex as above stated. Before I could use the elevator to any advantage, I had to saw off about two inches of the apex with Hey's saw, which I removed, and elevated the remaining part of the depressed skull, and removed some of the pieces of loose bone, and about half a pound of clotted blood. There was no pulsation in the left hemisphere of the brain. At least one-fourth of the cerebrum of the left side was gone. As soon as the depressed portion of bone was removed, the respiration became easy, the convulsions ceased, and the pulse rose from thirty-five to seventy per minute. He then laid quietly for fourteen hours, when he expired in a comatose state.

The structure of the left hemisphere of the cerebrum was completely broken up. I have no comments to make on the case, more than to say that the injury of the cerebrum was more extensive than is generally believed to be compatible with the continuance of the functions of the body and mind to the extent exemplified in the above case.

ART. IX.—*Singular Affection of the Bones of the Feet—From the Gazette des Hopitaux.—Translated by the Editor.*

We have seen at No. 33, in the hall for the men under the service of Professor Nelaton, a man afflicted with the most singular affection, to which we would call the attention of our readers.

The following is a description of the case :

On a level with the osseous projection of the instep, a vesicle made its appearance. The epidermis was raised, and under it was observed a collection of serous pus. As the cuticle was ruptured, either with or without the aid of the surgeon, the true skin presented a rose-colored hue. It was more painful to the touch than ordinary phlyctenæ. For some time things remained about in the same state. Presently the skin, in its turn, became by degrees perforated from without inward, and a little fistula was finally established. This fistulous opening passed under the integument and furnished a slight sero-purulent discharge. After the fistula had existed some five or six weeks, on examination with a probe, denuded bone was detected, necrosed. The sequestrum was either removed or discharged of itself.

Twelve years ago, a sequestrum formed at the head of the fifth metatarsal bone of the left foot, and Ricord removed it. Two years subsequently, M. Blandin removed a sequestrum from the first phalanx of the second toe of the left foot.—(Hotel Dieu.) Some time after, M. Nelaton removed a sequestrum from the first phalanx of the fifth toe of the right foot, at the Hopital St. Antoine. Eleven months after, he made the same operation upon the fourth toe of the same foot. Still later, the patient presented himself at the Hotel Dieu, in the service of M. Boyer, when there was found upon the first metatarsal bone of the left foot a deep excavation of a greyish color. M. Boyer removed all the denuded portion of the bone, also the softened structures connected therewith, and cauterized the bottom with a red-hot iron. Soon after, M. Michon removed the first toe of the left foot. A little after this, M. Malgaigne disarticulated the big toe of the right foot. A few months had scarcely passed, when this patient presented himself at l'Hopital Saint Louis, having several fistulous openings over the heads of the metatarsal bones of the left foot. M. Malgaigne removed, at a single operation, the heads of the five metatarsal bones, cutting through the middle of these bones. Thirty-five days after, the patient left the hospital, to re-enter again a few months later. The same disease attacked all the stumps of the bones thus treated. Amputation was performed by the method of Lisfranc.

All the above operations were rendered necessary by the same disease, Necrosis; and in every instance, the train of symptoms were the same as described under the first attack; and it may be well to notice here, that, in neither of the operations did the patient take chloroform.

The same disease is still making progress. On the plantar surface of the left foot, on a level with the flap, a large circular surface is denuded of its epidermis. There was at first a phlyctena, which burst and left the true skin naked. After a few days, this will be perforated, a fistula will be established, and at the bottom a necrosed bone will be found.

This is not all. The second and third toes of the right foot are doomed to the same destructive process. There is a phlyctena already formed over their salient points, and the patient regards these toes as already lost—and there is no doubt about the correctness of his opinion.

What name shall be applied to this disease? M. Nelaton has found none. He contents himself by describing to his students the series of phenomena which succeed each other in this patient, without being able to classify it with any known malady.

But one thing that is still more astonishing, and which seems slightly to clear up the obscurity of this singular case—this disease is hereditary. This patient has five brothers; two are afflicted with the same malady, and one has already perished by it. Among these six children, the first, third and fifth have nothing of the kind. The second, fourth and sixth are afflicted with this terrible affection. Neither the father nor mother nor any other relations, are affected with any similar disease.

What can be done to counteract this state of things? Is it proper to amputate again, under such circumstances? M. Nelaton has thought, as ourself also, that an experience, already too complete, ought to lead to a different course. After amputation, it has been observed that the same accidents are reproduced wherever pressure is exerted, *except on the integument of the heel*. In consideration of this circumstance, M. Nelaton has thought it a duty to attempt to support the weight of the body upon the heel exclusively. To this end, he proposed to make for the patient shoes, disposed in such a way that the heel alone should be subjected to pressure. The patient, it is true, will look as if mounted upon two stilts, very low, to be sure, and rendering his equilibrium a little unstable. But, if this means succeed, it will be more advantageous than successive amputations. In any event, if the plan fails, it will be time always to return to ablation of the doomed parts.

Two words more about this unfortunate man. His feet would not be alone subjected to these accidents. He is thirty-five years of age, a cabinet-maker by trade. If he becomes much fatigued, his hands, he says, (and a sad and long experience has made him but too good a judge, and ought to give value to his opinions,) his hands would become subject to the same destructive morbid process. Several times he has been compelled to abandon labor because of the threatened development of the disease in the hands, such as have been observed upon the feet.

PART SECOND.

AMERICAN INTELLIGENCE.

ART. I.—*Throat Diseases—Folliculitis.* By IRA WARREN, M. D.

This disease made its appearance in this country, so far as is known; in 1830, and the attention of the profession was first drawn to it as a *distinct disease* in 1832. Some have supposed its origin to have had a hidden connection with the epidemic influenza, which spread over the civilized world in 1830; but this is only conjecture. In its early developments, it attracted notice chiefly by its visitations upon the throats of the clergy. Hence its popular name of *clergyman's sore throat*. It was soon found, however, to attack all classes of persons, whether engaged in any calling requiring a public exercise of the voice or otherwise. It was more noticed by public speakers and singers, by reason of the greater trouble it gave them.

The disease consists simply in a chronic inflammation of the mucous follicles or glands connected with the mucous membrane which lines the pharynx, larynx, trachea, &c. The office of these little glands is to secrete a fluid to lubricate the air passages. When inflamed, it spreads an acrid, irritating fluid over the surrounding parts, and excites an inflammation in them. This, if not arrested, ends in ulceration; the expectoration becomes puriform and undistinguishable from that of consumption, and the patient dies with all the symptoms of phthisis. Indeed, before its nature was understood by the profession, it was thought the most fatal form of consumption, because it could be affected only to a very small degree, if at all, by medicines taken into the general system.

When disease lays hold of those follicles in the larynx which supply a fluid for lubricating the vocal cords, and the secretion conducted to those instruments of speech is acrid and irritating, the voice becomes hoarse; and when at length the ulceration reaches the vocal ligaments themselves, the voice suffers a gradual and finally a total extinction. I have treated a large number suffering entire loss of voice, and am happy to say it has been restored in every instance.

The approach of this disease is often so gradual as hardly to attract notice—sometimes for months or even years giving no other evidence of its presence than the annoyance of something in the throat to be swallowed or hawked up, an increased secretion of mucus, and a sense of uneasiness and loss of power in the throat after public speaking, singing, or reading aloud. At length, upon the taking of a cold, the presence of an epidemic influenza, or of an unexplained tendency of disease to the air passages and lungs, the throat of the patient suddenly becomes sore, its secretions increased and more viscid, the voice grows hoarse, the difficulty of speaking is aggravated, and what was only an annoyance becomes an affliction and a source of alarm and danger. The disorder clearly belongs to the family of consumption, and needs early attention.

It is amusing to reflect upon the theories which writers were in the habit of constructing, a few years since, to account for the throat affection among the clergy. It was attributed by some to speaking too often, by others to speaking too loud. One class of writers thought it arose from high, stiff neck stocks; another, from a strain of voice on the sabbath to which it was not accustomed on other days.

The cause of the disease lies deeper than any of these trifling things. So far as ministers are concerned, it may be expressed in two words—labor, anxiety.

The clerical order are placed just where they feel the force of the high pressure movements of the age. They are the only class of recognized instructors of adult men, and are obliged to make great exertions to meet the wants of their position. The trying circumstances in which they are often placed, too, in these exciting times, by questions which arise and threaten to rupture and destroy their parishes, weigh heavily on their spirits and greatly depress their vital powers. And when we add to this the fickle state of the public mind, and the shifting, fugitive character of a clergyman's dwelling place, and the consequent liability to poverty and want to which himself and family are exposed, we have a list of depressing causes powerfully predisposing to any form of disease which may prevail. As we have said, however, it is not the clergy only, but all classes of people who are afflicted with this dangerous malady.

The long and rather awkward name which Dr. Green has given to this disease is, "Follicular disease of the pharyngolaryngeal membrane." I call it folliculitis, or, as the term does not describe its

seat, follicular laryngitis, or follicular pharyngitis, according to its position.

Through a general lack of acquaintance with this disease, it has been often confounded with bronchitis. But bronchitis is an inflammation of the mucous membrane which lines the bronchial tubes, and of course has no existence except *below* the bifurcation of the trachea. In strictness it is not a disease at all.

Folliculitis is also often mistaken for laryngitis. But this latter disease is an inflammation spread over the mucous membrane of the laryngeal cavity. Bronchitis and laryngitis affect *mucous membranes*; folliculitis, the *follicles* of these membranes. Each is a separate disease, and they are easily distinguished by one who understands them. They are often complicated and unite in one subject.

There is yet another form of these chronic diseases, with which many are afflicted. Inflammation sometimes begins behind and a little above the velum palati, in the posterior nares, or back passages of the nose. Thus seated, it generally passes under the name of *catarrh in the head*. It often creates a perpetual *desire to swallow*, and gives the feeling, as patients express it, "as if something were sticking in the upper part of the throat." When the inflammation is of long standing, and ulceration has taken place, puriform matter is secreted, and drops down into the throat, much to the annoyance and discomfort of the patient. Many times the sufferer can only breathe with the mouth open. Upon rising in the morning, a great effort is generally required to clear the head, and the extreme upper part of the throat. Even distressing retching and vomiting is sometimes induced by the effort to clear the back nasal passages. There is occasionally a feeling of great pressure and tightness across the upper part of the nose; and the base of the brain sometimes suffers in such a way as to induce headache, vertigo and confusion. The smell is frequently destroyed, and sometimes the taste.

If the inflammation be in the pharynx or larynx, there is a similar sensation of something in the throat, but the desire is not so much to swallow it as to hawk it up.

Besides these chronic forms of disease, there are a number of acute inflammations which attack the air passages, and run a rapid and very dangerous course. Croup is well known as one of them. There is another, which attacks the mucous membrane of the larynx and epiglottis, which reaches also the submucous cellular tissues of these organs, and which often proves fatal in a few hours. The

effusion of serum in the epiglottis, in consequence of a high state of inflammation of that cartilage, causes it to stand upright, so that it cannot cover and protect the opening to the larynx; and the lips of the glottis, distended by the same cause, approach each other, thus closing up gradually the passage to the windpipe, and threatening immediate suffocation. It was this disease of which Washington died, as we learn from the clear account of the *symptoms* given by his medical attendants, though they mistook the disorder for another, the profession not being then acquainted with it.

Treatment of Throat Diseases.—Fifteen years ago, these disorders were thought to be incurable; and all the appliances of medical art then known, they were so. But time has brought a successful mode of treatment, as well as a clearer knowledge of their nature. The honor of first employing such treatment in this country belongs to Dr. Horace Green, professor of the theory and practice of medicine in the New York medical college. It had been previously used by Drs. Trousseau and Belloc, of Paris; but this detracts nothing from Dr. Green's just honors, as he had no knowledge of their discovery—for such it was—until after he had done the same thing on this continent.

This treatment, as is generally known to the profession, consists in topical medication, or the applying of the remedy directly to the diseased part. The medicinal agent more extensively used than any other, is a strong solution of nitrate of silver. This substance is not, however, adapted to every case, other articles succeeding better in some few instances. Modern chemistry has given us a variety of articles, from which the skilful physician may select a substitute, should the nitrate of silver fail. This article has, however, proved itself nearly a *specific* for inflammation of mucous membranes, acute or chronic, not connected with a scrofulous or other taint of the system; and where such taints exist, it will generally succeed, if proper constitutional remedies are used.

Instruments—The instrument employed by most physicians is a piece of whale bone, bent at one end, to which is attached a small, round piece of sponge. I formerly used this instrument myself, and am happy to know that notwithstanding its defects, it was generally successful. Yet where the larynx has been highly inflamed, with a swollen and ulcerated condition of the epiglottis and the lips of the glottis, I have found the singular powers of the Argent. Nitratis put at defiance by an irritation evidently produced by the sponge of the

probang. Upon its introduction in such cases, the parts contract upon and cling to it, and suffer aggravated irritation, almost laceration upon its withdrawal, however carefully effected.

A case of this sort occurred to me in the person of a gentleman of great moral and intellectual worth, a teacher of a classical school, to whom I was called in Plymouth county, in August 1849. He was at the point of death from starvation, not having been able to swallow anything, not even water, for a number of days. The epiglottis and lips of the glottis were much swollen and deeply ulcerated, and the whole pharyngo-laryngeal membrane involved in a high state of inflammation. The first two applications of the nitro-argentine solution, made to the isthmus of the fauces and pharynx on Saturday evening and Sunday, so far relieved him, that on Monday morning he drank, with a sense of unspeakable satisfaction, a tumbler of cold water. Before I could see him on Wednesday evening, however, he was again sinking, the full activity of the inflammation having returned; and every subsequent attempt to introduce the sponge and to carry it down to the seat of the disease, caused such irritation as to exhaust the patient. He sank and died, leaving a void in his neighborhood which it will be hard to fill. I feel confident that with the instrument I am about to introduce to the notice of the reader, I could have reached the seat of the disease with so little disturbance of the parts as to have saved his life.

Such defects in the probang led me to contrive an instrument, which I call a *Laryngeal Shower Syringe*. It is in the form of a Syringe, the barrel and piston of which are of glass. To this is attached a small tube, made of silver or gold, long enough to reach and enter the throat, and bent like a probang, with a globe at the end, from a quarter to a third of an inch in diameter, pierced with very minute holes, which cover a zone around the centre, one-third of an inch or more in breadth.

This silver globe I daily introduce into highly inflamed and ulcerated larynges, generally without any knowledge of its presence, on the part of the patient, until the contained solution is discharged. A single injection throws a *very fine* stream through each of the holes in the globe, and thus all sides of the walls of the trachea are washed at once. Moreover the smallness and smoothness of the bulb allow of its easy and painless passage through the rima glottidis, so as to bathe the walls of the trachea as low as the bifurcation, and even of the large bronchi. Physicians will understand the advantage of this

in the case of ulcers low down in the trachea. They will see its advantage too, in the case of croup in children, into whose larynges it is not easy to introduce the sponge.

The introduction of this instrument into the larynx is easy. Upon the approach of any foreign substance the epiglottis instinctively drops down upon the entrance to the larynx, guarding it against improper intrusions. It has been found, however, that when the root of the tongue is firmly depressed, this cartilage cannot obey its instinct, but stands erect, its upper edge generally rising into view. Availing himself of this fact, the surgeon has only to depress the tongue with a spatula, bent at right angles, so that the hand holding it may drop below the chin out of the way, and as the epiglottis rises to view, slip the ball of the instrument over its upper edge, and then, with a quick eye, yet gentle motion, carry it *downward* and *forward* between the lips of the glottis, and the entrance is made. I have often admired the heroic faithfulness of this epiglottic sentinel, who when overborne by superior force, stands bolt upright, and compels us to enter the sacred temple of speech, *directly over his head!*

This instrument I have used with great satisfaction. A considerable number of physicians in different states have procured and are now using it.

For bathing the upper part of the throat I construct it with a *straight* tube, with holes over the outer portion of the globe, and extending to the centre. This washes instantaneously the fauces and the pharynx, without throwing the solution back upon the tongue.

Inflammation in the back passages to the nose have been almost entirely inaccessible by any reliable healing agent, and consequently incurable. The probang could only reach a short distance, and caused great suffering. I have had this syringe constructed with a short bend, and the globe pierced with a few holes at the upper end. Carrying this globe up behind the velum palati, with a single injection I wash both passages clear through. I have had the pleasure of curing a large number of bad cases of several years standing, to the surprise and delight of the patients.

Many of these throat affections are connected with functional disturbance of the liver and stomach. In such cases the inflammation of the throat generally refuses to yield, until the hepatic and gastric troubles are corrected. Indeed, in a majority of cases the topical applications need to be accompanied for the above, as well as for other reasons, by a constitutional and alterative treatment.

One word respecting the tonsils. They are chiefly "an aggregated mass of mucous follicles," and in many follicular diseases they are found enlarged, inflamed, and sometimes indurated. In such cases they secrete a thin, unhealthy, irritating fluid, which is spread over the throat, increasing and perpetuating its disease. Much of this secretion too, finds its way into the stomach, and thence into the circulation; and I am not sure that many cases of scrofula are not engendered by the poison thus conveyed to the blood. At all events the throat seldom gets well in such cases until the tonsils are removed.

For the excision of these glands I found the same lack of instruments as for making topical applications to the throat. The only one which had any claims to regard was the guillotine instrument, invented by Caleb Eddy, of this city. It had, however, no facilities for drawing the tonsils forward. Generally, all that could be done with it was to *trim* the gland, which did but little good, for it become again enlarged. I attached the bull dog tenaculum to it, with which I have been able to draw the tonsil from the pillars of the fauces, and cut it through the root, so as effectually to prevent a second growth. As there were still some defects in this instrument, I have prepared an entirely original one, with which the extirpation of these glands is so easy and expeditious, and withal so little to be dreaded by the patient, as to leave, I think, little further to be desired in this line.

As bearing directly upon this subject I will add that about three years since, Dr. Chambers of London reasoned, that if nitrate of silver have a specific influence over inflammation of mucous membranes, it would cure bronchial consumptions, and perhaps other forms of that disease, if it could be got into the lungs. He accordingly made a powder of that article and lycopodium, to be breathed into the lungs. His account of it was published in the London Lancet, and has appeared in this journal.

In August 1849, I prepared the same powder; and not only in the cure of bronchial consumption, but in the treatment of the *first* and *third* stages of the tubercular form of this disease, I obtain results from it which I can derive from no other article.

I also use lycopodium for preparing powders in the same way with sulph. of copper, crystals of nitrate of mercury, (sometimes useful in secondary syphilitic troubles of the throat,) iodide of potassium, &c.

For breathing powders of every kind, I have constructed a neat inhaler, which consists of a glass tube and a receiver—the latter be-

ing something like a tube vial, perforated with holes around the lower end. The powder is poured into the receiver, which is placed in the larger tube, and twirled between the thumb and finger while inhaling.

In the bronchial form of consumption, the local disease is confined to the mucous membranes, and in the tubercular type, the deposit begins upon the same tissue. Breathing medicine directly into the lungs is therefore the rational mode of attacking the local disease. The time must soon come when this form of treatment will be universally adopted. The mode of applying it will doubtless be improved, and the articles employed be multiplied. But we are on the right track, and the period may not be distant when this fearful malady, taken in proper season, will be held as curable as chronic diseases of the stomach or liver.—*Boston Med. and Surg. Journal.*

ART. II.—*Cases of Hemorrhage from the Umbilicus, after the separation of the Funis.* By W. C. BAILEY, M. D., of Spencertown, New York.

I delivered Mrs. B., aged 24, on the 31st of March, 1849, of her second, a well-formed male child. The first, a female, now $4\frac{1}{2}$ years old, is living. The labor was short and easy; child weighed, soon after birth, six pounds, and there was nothing in its appearance to attract particular notice; the cord came off the third day, leaving a very small granular point unhealed within the umbilical pit. On the following day, the cicatrix was so far retracted as to become invisible. Sixth day, bowels inactive; stools clay-colored; administered 3ss Ol. Ricin., followed by syrup of Rhei et Tarax. Seventh and eighth days, bowels somewhat improved; child does not cry except when the legs are extended. Ninth day, on dressing the child in the morning, the cloths over the umbilicus were stained with blood, but no hemorrhage occurred during the dressing; at night, the cloths were again found sodden with blood; nurse applied compress of cobwebs, adjusting the bandage so as to make slight pressure. Tenth day, hemorrhage returned at 10 o'clock A. M. When I saw it, the blood was escaping from the bottom of the pit, and, on wiping it out, I could distinctly see a fine jet of blood from the left side towards the right with a pulsatile motion; the precise point from which it came I could not see, it being hid by the tortuous and uneven walls of the pit. Applied in turn Acet. Plumb., tannate of lead,

sulphate of zinc, Nit. Argent., all of which only increased the hemorrhage; next applied the actual cautery, which increased the hemorrhage more than fourfold. 6 P. M., resolved to encircle the umbilicus with a double ligature: the first prick of the needle brought me to a stand, as hemorrhage took place freely the moment the skin was punctured; I then had the thumb of an assistant applied, with direction to keep up a steady and gentle pressure. In this I was equally unsuccessful; the blood would gush first from one side, then the other. From this time, no further effort was made to check the bleeding; much blood had been lost and the extremities were growing cold, notwithstanding care had been taken to keep them warm; the skin blanched to almost absolute whiteness. 10 P. M., hemorrhage had stopped: warm beef tea, milk and Carb. Ammon. had been administered at intervals; pulse too frequent to be counted; gradually losing temperature; died from exhaustion at 3 o'clock, the eleventh day from birth and forty-eight hours after the first appearance of hemorrhage. Four hours after death the body assumed a bright saffron color. No autopsy was made.

CASE II.—April 29, 1849, I attended Mrs. S., in her fourth confinement; labor easy, short duration; the child, a male, well formed, and to every appearance, healthy; weighed eight and a half pounds. May 1, I saw the child; icterus existed over the whole body; prescribed hydrarg. cum cret., followed by three-quarters of a drachm Ol. Ricin., and subsequently infusion of Tarax. The mother and child were left in the hands of a negro woman as nurse, who claimed to herself great skill in treating infants. May 11, I was sent for to see the child; its appearance was as follows: skin of a dirty yellow; tongue thickly coated with a brownish yellow fur; features sunken; bowels constipated; stools clay-colored, scanty. The medicine previously left had not been taken according to orders; hemorrhage from the umbilicus had taken place six hours previous to my arrival, but had stopped without any application being made. Prognosis, death inevitable. As I learned, the child died without further hemorrhage, May 12, the 13th day from birth, twenty-four hours after the first appearance of hemorrhage.

CASE III.—March 26, 1850, Mrs. B. was again delivered of a child, a female, plump and apparently healthy, weighing seven and a half pounds. Nothing unusual occurred during the three following days. Fourth day cord came off, leaving the umbilicus considerably above the surface of the bowels, with but slightly depressed

umbilical pit ; cicatrix perfect, and no unhealed points could be discovered. The patient was constantly watched, close attention to every function, which, in my judgment, could in any way prevent a similar occurrence to the previous cases ; no application was made to the surface, as there was no seeming occasion for it. April 2, eighth day from birth, child stupid throughout the day ; could not be kept sufficiently awake to nurse ; bowels constipated ; stools clay-colored ; icterus ; Ol. Ricin. given, which relaxed the bowels ; slight improvement in color. April 3, ninth day from birth, morning, dressing cloths sodden with blood ; on removing the dressing, the hemorrhage had stopped ; a moistened leaf of matico was carefully laid over the umbilicus, with lint and bandage ; 4 o'clock P. M., blood was discovered through all the dressings into the blankets beneath ; applied anhydrous sulphate of alum in powder ; lint and bandage ; hemorrhage stopped ; child stupid ; cries only when the legs are extended from the pelvis ; nursed freely through the night. April 4, tenth day from birth, hemorrhage returned morning and evening, but slightly ; administered one grain of calomel, followed four hours after by three-quarters of a drachm Ol. Ricin. ; general appearance of patient, same. April 5, the hemorrhage returned at 10 o'clock P. M., color of the blood bright red ; quantity much increased. Dr. E. Reed, in consultation. Ligature, the only plan which seemed to offer a hope for arresting the hemorrhage ; this was performed by passing two needles through the skin at right angles, and passing a strong ligature under the needles, drawing sufficiently tight to prevent further hemorrhage. The patient was now laid upon a soft pillow, handled with extreme care ; diet of warm beef tea, cow's milk, and nursed four or five times each day at the breast ; Hadrarg. Cum Cret. gr. ii, every day 3iis Ol. Ricin. every other day. This plan was followed for the eight following days, during which time purpuric spots appeared upon various parts of the body ; over the left scapula and nates were ecchymosed spots as large as a dime, somewhat elevated above the general surface : these spots increased in number and size. Six days after the ligature was applied, ecchymosed spots appeared within the mouth, upon the gums, and under the tongue ; mucous membrane of the mouth red throughout ; slight stains of blood passed the bowels. Eight days after the ligature was applied, being the nineteenth from birth, and the eleventh from the commencement of hemorrhage, the ligature with needles came off, leaving as perfectly formed an umbilicus as

the first; no sponginess was perceptible, but there was a spongy raw surface one half-inch to the right and below the umbilicus, some six lines in length and four in breadth. It was dressed with zinc. ung.; bowels relaxed, slightly tinged with bile, also streaked with blood; urine bloody. April 15, 16 and 17, little change in patient except nipple stained with blood. After being nursed, still no blood could be discovered oozing from the mouth; 18, 19, 20, more restless; patient occasionally appears to have colic: paregoric gtt. x; blood continues to stain the nipple and dressing; skin paler. April 21, slight oozing of blood from the centre of the umbilicus, morning and evening; urine bright-yellow; skin icteric; applied the matico and compression; the slight hopes that existed after the apparent success of the ligature are entirely gone. Prognosis, inevitable death. April 22, hemorrhage morning and evening, the same as the day previous, except slightly increased; extremities cold; skin deeper yellow; colic pains more frequent and severe; restless, except when under the influence of opiates. April 23, hemorrhage increased morning and evening; treatment the same. April 24, hemorrhage began early, more violent; extremities resisted every effort to move them; pulse too frequent to be counted; respiration very frequent, with an occasional intermission of several seconds. Death took place at 2 P. M., being the thirtieth from birth, the twenty-second from the commencement of hemorrhage, the eleventh from the time the ligature came off, and the fourth day after the second attack of hemorrhage. No autopsy was made.

REMARKS.—The mother of the children, in the first and third cases, has been delivered of her fourth child, a male now six weeks old, to all appearances now perfectly healthy. There has been but little difference in the condition of the mother during her four pregnancies. The four children weighed, respectively, nine, six, seven and a half, and nine pounds. There is no known hemorrhagic idiosyncrasy entailed from ancestors. Grandparents all living; also four great-grandmothers and one great-grandfather, all of whom enjoy a good degree of health. I am satisfied the curative treatment recommended by Edward Ray, Esq., in the October number (1849) of the *American Journal of Medical Sciences*, viz., ligature, was fairly tried in my last case. The hemorrhage was arrested from the umbilicus for eight days during the time that the ligature remained, and six days after it fell off (in fourteen days.) That the

disease is congenital, as appears from the cases reported by Dr. H. J. Bowditch in the same Journal, I am fully satisfied.

Summary.—In these cases, the two children of one mother died from prostration induced by hemorrhage; both had bloody dejections from the bowels, and one from the urinary passage. In both there was more or less extravasation of blood under the cuticle; in one it escaped from the mouth. Both cried when the legs were straightened down, and both nursed the mother as those now living. The mother menstruated regularly while nursing her first child, and has once since the birth of her last, and both depended upon the the mother's breast for sustenance. During the last pregnancy, slight emetics of ipecacuanha were administered, at intervals of a few weeks, twice. Nausea without vomiting was only produced by the ipecac. Nausea did not exist during the two previous pregnancies, and but slightly in the last, except when it was produced artificially. I have consulted with several older physicians, of much obstetrical experience, with reference to prevention and cure. The information thus obtained was of no service to me in the last case. There were no unusual occurrences in the two pregnancies which I could consider peculiar—none but that had existed in other child-bearing women.—*Am. Jour. Med. Science.*

SPENCERTOWN, N. J., APRIL 24, 1851.

ART. III.—*Report of three Cases.* By THOMAS POLLARD, M. D.,
Richmond, Virginia.

CASE I.—*More than 150 Gravel taken from the Bowels of a Dirty Eating Child.*—July 14—Was called to see A. F., a child in his 5th year. Found him suffering with frequent tenesmus and pain in his bowels. Was informed by his parents that they had given him several doses of purgative medicine, which had brought from him *twenty-four gravel*. From subsequent inquiry, it seemed he had swallowed these gravel through a morbid appetite, as he had several times been detected in eating dirt and pieces of pine bark. On introducing the finger into the rectum, I found it impacted with these little stones, the last operations of the medicine having failed to remove any of them. I proceeded to bring them away with the finger, and after getting all within the reach of the finger, counted fifty-four thus extracted. I could still touch more, and ordered a free dose of castor oil with eight drops of tinct. opium, to allay the

irritation and tenesmus, which was considerable, and which had increased by the introduction of the finger and removal of the gravel. The swelling about the anus was considerable, and some blood was made to flow in the necessary manipulation used. There was also a decided fever.

15—Rest was procured by the tinct. opium. The oil operated well towards the morning, and brought away 70 more of the gravel, the discharge of which was attended with much pain and some exhaustion. Directed sulph. morph. gr. $\frac{1}{2}$, and mucilages for drink.

16—Slept well after the administration of the morphine, and this morning is very comfortable. Discharged four more gravel. Altogether he has passed upwards of 150, some of which measured more than one inch in circumference, and few of which were smaller than the end of the little finger. The tenesmus and irritation gradually subsided, and convalescence was rapid. Directed that he should take sulph. iron as a tonic and to subdue the morbid appetite which had given rise to the swallowing of these dainty bits. Was afterwards informed by his parents that the iron subserved the purpose intended, and that he never afterwards ate dirt, pine bark or gravel. I have generally found the sulph. iron to cure "dirt eaters;" and I have been informed that on the large plantations of the South, *copperas* is a very popular and successful remedy among the negro children who eat dirt.

CASE II.—*Death from Ulceration of Colon and Rectum, and Peritonitis, with but Trivial Symptoms.*—March 3.—Was summoned in haste to see Dick, a negro boy, aged 10, who was reported to be ill with colic. When I reached him, which was at two o'clock, and in two hours from the time the messenger was despatched, he had just breathed his last. The family informed me that he was taken ill early in the morning with what they supposed colic, for which they had given oil and used enemas; that had been subject to such attacks, which always before had been relieved by these remedies. They further informed me that he had suffered from constipation habitually; that he had somewhat emaciated, but that his appetite was always good, and that they had felt no particular uneasiness about him. Permission was readily obtained for an autopsy, which was made in two hours after death. Found the body considerably emaciated. On opening the stomach, found it healthy as well as the small intestines, as far down as the ileo-cæcal valve, where

there was slight ulceration and congestion. The whole colon was found studded with ulcers, some of them very large and apparently of long standing, increasing in number towards its lower extremity. The rectum was one mass of ulceration, particularly at its upper portion. About midway of the colon, perforation by ulceration had taken place, the contents of the bowels having discharged themselves into the abdominal cavity, producing rapid and extensive peritonitis and death. The mesenteric glands were much enlarged. The peculiarity of this case was the extensive disease which existed with so little apparent disturbance of the health. Within 9 or 10 hours of his death, the patient had attended to his usual duties. Another peculiarity, which, though rare, is sometimes met with, was the constipation existing with excessive ulceration.

CASE III.—*Destruction of Ileo-Cæcal Valve, with a Number of Small Bones found lodged there.*—The third case I have to detail, occurred in a negro woman 40 years of age. She had been subject to frequent attacks of violent colic for some months before she came under my treatment. I found the attacks easily subdued with opiates. From the attendant diarrhoea and gradual emaciation, suspecting structural disease in the intestines, I made trial of nit. silver, with a vegetable narcotic, then of sulph. copper and opium tonics, and other remedies—all however to no purpose. The emaciation and debility progressed, and in about eight months from the invasion of the disease, death took place. Post mortem eighteen hours after death. Stomach and small intestines healthy. Extensive disease at the ileo-cæcal valve, consisting of ulceration and extreme thickening of the coats of the intestines, and narrowing of the passage from the large to the small intestines. Upon further examination, found in this position a number of small bones, some of them imbedded in the coats of the intestines as if they were making their way through them by ulceration, and others lying nearly loose. From the best examination I could make of them, for they were much broken to pieces and absorbed, they seemed to have belonged to a bird—possibly to a small chicken. Some of them which I preserved are in the hands of Dr. C. P. Johnson, of this city. The question arises, Whether the bones found at the ileo-cæcal valve produced the disease from which the patient died, or whether the disease already existing prevented the passage of the bones? I incline to the former opinion, from the fact already stated, that the bones had evidently been long in the position in which they were found, and the fact that

the woman had run away from the person to whom she had been hired, and remained for some time in the woods, a short time previous to the invasion of her bad health, and probably ate ravenously some bird on which she had the good fortune to lay her hands, after long fasting, and from the additional fact that her family were all servants of robust constitution, and the further consideration that she had previously suffered from an acute disease. The large intestines were in healthy condition, with the exception of some erythema and slight congestion.

I am induced to report the foregoing cases, on account of their novelty and interest. These abridged notes were kept at the time of their occurrence.—*Stethoscope and Va. Med. Gaz.*

ART. IV.—*Poisoning with Oil of Tansey.* By JOHN C. DALTON, M. D.

The last number of the *American Journal of Medical Science* contains a report of a case of poisoning with oil of tansey. A healthy looking girl, aged twenty-one years, for the purpose of procuring abortion at about the fourth month, took one ounce and three drachms of the oil. In fifteen minutes after swallowing it, she was seized with violent convulsions; total unconsciousness; cheeks flushed, of a bright red color; eyes open and very brilliant; pupils of equal size, widely dilated and immovable; sclerotics injected; skin warm; respiration hurried, labored and stertorous, and obstructed by an abundance of frothy mucus, which filled the air passages, and was blown from between the lips in expiration; the breath had a strong odor of tansy. At intervals of from five to ten minutes, the convulsions recurred, in which the head was thrown back, the respiration suspended, the arms raised and kept rigidly extended, and the fingers contracted—this state continued for about half a minute, and was succeeded by a tremulous motion, often sufficient to shake the room, together with very faint and imperfect attempts at inspiration. She died in three hours and a half after taking the poison. The mucous membrane of the stomach was found pale, not vascular in any part, but throughout nearly the whole of the greater pouch, brownish and much thinned and softened, so that for a considerable space it was nearly or quite destroyed. Portions of the oil were found in the stomach. The uterus contained a well-formed female foetus, about four months old.—*N. Y. Journal of Medicine.*

ART. V.—*Death while under the influence of the Tincture of Chloroform.*

(Communicated for the Boston Medical and Surgical Journal.)

Emile, a sailor, 20 years of age, a Swiss, a tall and remarkably fine looking man, entered this hospital on the 10th of March, 1852. Report by those who brought him here, and subsequently made by himself during his convalescent state, was, that somewhere about the 20th of February, the great toe of the right foot was frost-bitten. About a week after this he was taken with fever, and his "bed-place" aboard ship, which was bound to this port from Liverpool, was almost constantly wet, and he had not much care bestowed upon him. On arrival, the men made him drink.

He had ship fever. At the time of entrance he was under considerable mental excitement—talking foolishly—had looseness of the bowels, and eruption on the abdomen. As mental excitement subsided he began to complain of pain in toe, the last phalanx of which was black and hard.

The fever yielded rather kindly, but pain in the toe was great; very much more so than in a majority of the many cases of the kind, of fingers and toes, which here fall under our notice and treatment every season. The precise seat of the pain was said by the patient to be, now on the inside of the toe, now on the sole; once in a while he would say "all over." At last, perhaps on the 30th ult., I concluded that such intense pain, which no applications seemed to alleviate but for a short time, must be caused by the condition of the matrix of the nail; and on the 3d. inst. he concluded to have it removed.

Seated in the operating chair, a sponge wet with tr. chloroform, (vide U. S. Dispensatory, 1851, page 848) was applied to his mouth and nose. He disliked the application very much, was refractory, and presently refused to breathe it. I explained to him the kind of operation he was to undergo and the requisite painfulness of it; that this article was given daily and so forth. He persisted that he would hold his foot himself, without the sponge, and with reluctance I proceeded to loosen up the skin from the nail, which caused, as was expected, great agony; he now said, "give me that."

The sponge was wetted again, and in a very short time he fell, apparently into the usual state of anæsthesia. Immediately I slipped a spatula above the matrix, and the nail was out. Upon look-

ing up I observed the part of the face* which was uncovered, very pale, and the eye half closed and fixed. The pulse was hardly perceptible. Instantly the sponge was removed, the patient laid upon the floor, and the windows thrown open. Water was dashed upon his face and breast, his legs elevated, ammonia applied to nostrils, artificial respiration, and finally electro-magnetism. He was dead.

When first laid upon the floor, the region of the neck and face in the near vicinity of the ear was purple.

From the time of the *first* application of the sponge to the moment he ceased to breathe, could not have been more than, if as much as, five minutes. The whole quantity of Tr. of chloroform used was, by careful measurement, exactly "two ounces and five drachms."

The above is simply a relation of the facts of the case. Since the occurrence, however, I have learned from the attendants and others, that the patient's conduct in the ward during the day was different from usual. While smoking a cigar in the ward, and being told by the nurse he should have to report him to me if he did not desist, he answered impudently, and continued the offence. This was quite unlike his customary behavior.

Permit me to add my impression or hypothesis concerning the sudden termination of this case. When I took the first step in the operation, he was in a state of excitement, partly from having taken two or three inspirations of the Tr. chloroform, and partly from resisting my assistants. Might not the agony experienced at this time have caused a faintness, which would have declared itself, fully, a moment later, if the sponge had not been re-applied? The effect of the agent used, combined with the great shock to the nervous system from pain, and the incipient syncope, all falling together, united in producing that condition from which we were unable to arouse him.

J. B. S. Jackson, M. D. will append his notes of the post mortem examination, made by himself, the following named gentlemen being present:—Drs. S. L. Abbott, T. S. Ainsworth, C. E. Buckingham, H. J. Bigelow, H. G. Clark, G. L. Fox, U. S. N., J. S. Jones, A. Poor, S. Parkman, C. G. Putnam, C. H. Stedman, C. Warner, J. Mason Warren, A. T. Willard, and Theodore Metcalf, Esq.

WILLIAM INGALLS.

Physician and Surgeon, U. S. Marine Hospital.

CHELSEA, Mass., April 4th, 1852.

ART. VI.—*A Case of Chorea of the left arm and hand caused by a diseased tooth.* BY J. H. NELSON, M. D. Rutherford county, Tennessee.

A little girl aged eight years (the daughter of Mrs. M——, a widowed lady) was thrown from her horse in September, 1848, and her upper front tooth on the left side knocked out; other injuries slight. Her mother being present at the time, replaced the tooth, which soon became steadfast, and caused no inconvenience for eight or ten days; her left hand and arm then began to twitch and jerk so that she had no control over their motions. At this time her general health was good, and continued good for several months; it then began to decline and continue feeble until March, 1850. I was then called to see her, (she had been previously treated by several physicians.) I found her pale, with soft and flacid muscles, her tongue broad and slightly furred; very nervous—so much so, her friends feared she would go into Epilepsy. On examining the case and inquiring if any thing unusual had occurred with her, about the time the disease made its appearance, I learned the history of the case as above stated. I gave it as my opinion that Chorea was caused and kept up by this tooth; and if she would have it extracted, it would probably relieve her, which she objected to, as she could not conceive what effect a tooth could have on the nervous system. I then gave her the usual treatment for Chorea, for thirty or forty days, without any apparent improvement.

Her mother seeing that medicine would not cure her, gave her consent for the tooth to be taken out; which I did. I found it firm and hard to move, owing to the enlargement of the upper end of the fang, which was considerably enlarged, and contained pus. The tooth was considerably smaller about the edge of the alveolar, resembling in shape a spongy substance, with a cord draw tight around it. She has never had a symptom of Chorea since the extraction of the tooth, and her general health is good.—*Nashville Med. Journal.*

ART. VII.—*Head of a child in a state of putrefaction from strangulation, the Funis being twice bound tightly round the Neck.* By H. A. BIZZEN, M. D. of Clinton Miss.

A case occurred in my practice during the last year similar to one reported, by Mr. A. Owens in the previous number of this journal.

The case was briefly as follows : On the 15th of November last, I was called to see Mrs. F——, æt. 18, in her first accouchment. She was in great pain, the pain recurring at intervals of ten or fifteen minutes. On examination I found the head fairly engaged in the superior strait, and expected that she would be delivered in a few hours at furthest. This condition of things remained for the space of twenty-four hours, at the end of which the membranes ruptured, and the waters were discharged spontaneously. From this time the pains became excruciating, without any further advancement of the head.

She soon began to exhibit signs of delirium, and the family were much alarmed. In consequence of which, I proposed to send for my instruments, and at the same time, medical advisers. I called Dr. W. G. Micks, and Dr. James A. Bizen, (my brother ;) but before their arrival, I found it necessary to extract some blood from the arm, and give the lady a warm bath ; I also administered an anodyne draught, some, or all of which, relieved the pain entirely, before the arrival of the other physicians.

In consultation with Dr. Micks, it was thought that the lady was sufficiently strong, and that the delivery might be effected by natural powers ; so we simply resorted to some stimulating enemata ; which seemed to have no effect, but were discharged immediately.

In about twelve hours from that time, pains came on a second time, much as they were at first, only there seemed to be a slow and almost imperceptible advancement of the head, which was expelled in about thirteen hours afterwards, making the whole duration of labour forty-nine hours or more.

On passing my finger to the cervix of the child, I found that the funis was wrapped twice around the neck, and imbedded in the flesh, when I was able to account for a sudden gush of putrid and very offensive fluid from the mouth and nose of the child, as soon as they had escaped the vulva. I made traction on each end of the chord, and found both unyielding. I proposed to Dr. Micks to pass a ligature around the chord and cut it in order to prevent further mischief, which he readily assented to. As soon as I had put the scissors on the chord and began to cut, the remaining portion was lacerated, and the body of the child expelled with tremendous force.

Condition of the Child.—Head in a state of putrefaction ; skin slipping when pressed in, and of a dark, venous hue and offensive odour. Body sound, and of a lively color and appearance. Skin

tough, and moderately elastic. Placenta of normal size. Chord about normal length.

I believe that the strength of the chord, and the firmness of the placental attachment, were the sole cause of the tardy labor in this case, and that, as the uterine contraction pressed the head down, the strength of the chord, and firmness of the placental attachment retained the body in utero. And also that while the mechanical pressure around the neck strangled that part, and caused the head to die, the body was still living, and the circulation through the chord was but very slightly interfered with. The lady did quite well.

CLINTON, Jan. 14th, 1852.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*Chloroform in Infantile Convulsions, and other spasmodic Diseases.*

Prof. SIMPSON relates, (*Monthly Journ. Med. Sci.*, Jan. 1852,) the following interesting case of infantile convulsions, in which he applied chloroform inhalations as an antispasmodic, with very satisfactory effect:

The Viscountess ——— was confined on the 7th October. The child, a boy, kept quite well until the 17th of the same month, when it was observed by its nurse to have, two or three times during the day, twitchings in the muscles of the face; but they were not so severe as to attract any special attention. During the two following days these convulsive twitchings were repeated with rather greater frequency; the hands were observed to be clinched during them, and the thumbs were turned inwards.

On Monday the 20th, the convulsions became far more violent in their character, were more prolonged in their duration, and were repeated with much greater frequency. They continued with little

change, and no abatement in their intensity or frequency, for the next fourteen days. Sometimes they affected the right side of the body much more severely than the left. In the meantime Dr. Scott and I tried a great variety of means for their relief, but in vain. The bowels were well acted upon with mercuries, magnesias, &c.; and every separate fuction attempted to be brought as near as possible to the standard of health. A new wet-nurse was procured, lest the milk might perchance have been proving, as it sometimes does, the source of irritation. The child was placed in a larger and better ventilated room. Ice and iced water were occasionally applied to the scalp. At one time when the fits became unusually prolonged, and were not only accompanied, but followed for a time, by much congestion in the vessels of the scalp and face, and an elevated state of the anterior fontanelle, two leeches were applied. Liniments of different kinds were used along the spine. Musk, with alkalies, was given perseveringly for several days, as an antispasmodic; and small doses of opium, turpentine, enemata, &c., were exhibited with the same view. All these, and other means, however, proved entirely futile. As I have already stated, it was on Monday, the 20th October that the fits assumed a severe character, and they continued without any amelioration, for about fourteen days from that period, recurring sometimes as frequently as ten or twelve times in an hour. At last the child, who had hitherto maintained wonderfully his strength and power of suction, began to show symptoms of debility and sinking; and during the fifteenth and sixteenth days of the attack, the fits became still more violent and distressing in their character. They were now accompanied with moans and screams that were very painful to listen to; symptoms of laryngismus and dyspnoea supervened towards the termination of each fit; and in the intervals the respiration as well as the pulse, seemed much quickened.

During these two last days of the disease, the exhaustion became so great, the dyspnoea in the intervals so distressing, and the fits so very violent and constant (seventeen were counted in one hour,) that Dr. Scott and I gave up all hopes of the possible survival of the infant. We had exhausted all the usual means of relief. Ultimately, but much more with a view of abating the screaming, laryngismus, and other distressing symptoms under which the little patient was suffering, than with any great hope of permanent relief and cure, I placed the child, on the forenoon of the 5th of November, for about an hour, under the influence of the inhalation of chloro-

form. During this hour, there was no recurrence of the fits ; but in a short time after the withdrawal of the action of the anæsthetic, the convulsions recommenced with their old violence and frequency. The benefit, however, was sufficient to encourage a longer repetition of the remedy ; and from four to eight o'clock in the afternoon of the same day, my assistant, Mr. Drummond, placed, and kept the child under the influence of chloroform ; a few inhalations from time to time, of a very small quantity of the drug, sprinkled upon a handkerchief, and held before the face of the infant, being sufficient for this purpose. It was specially applied at any threatening recurrence of a fit, and during the four hours in question, all convulsions were in this way repressed. When the child was allowed to waken up at eight o'clock, it took the breast greedily, and continued well for upwards of an hour, when the convulsions again began to recur. At last, about 12 o'clock P. M., it was placed under the inhalation of chloroform, and kept more or less perfectly under its action for upwards of twenty-four continuous hours, with the exception of being allowed to waken eight or ten times during that period for the purpose of suction and nourishment. During most of this period it was carefully watched by Mr. Drummond, and at last the nurse was entrusted with the duty of adding the few drops of chloroform to the handkerchief, and exhibiting them at any time the child was offering to awaken or become restless.

After this long continuation of the chloroform, the child on being allowed to waken up, drank greedily at the nipple, and immediately fell back into a quiet, and apparently natural sleep. The chloroform and all other formal medications was in consequence discontinued ; *and from this time there was subsequently no recurrence whatever, of the convulsions.* In about ten days the infant was removed with the family to the country. I have, within the last two days, (December 19,) seen the child as it was passing through Edinburg. It was strong, plump, and well grown for a child of ten weeks, and was, in fact, revelling in the best state of health.

In exhibiting the chloroform to this infant, ten ounces of the drug were expended ; but of course a very large proportion of this quantity was lost by evaporation, in consequence of the mode in which it was used.

ART. II.—*Rules for Bleeding in Pneumonia.*

The following judicious remarks, by Dr. Bennet, are perfectly in accordance with our own experience :

If we are called to a case at a very early period before exudation is poured out, and before dullness, as its physical sign, is characterized, but when, notwithstanding, there have been rigors, embarrassment of respiration, more or less pain in the side, commencing crepitation, then bleeding will often cut the disease short. This state of matters is rarely seen in public hospitals. When, on the other hand, there is perfect dullness over the lung, increased vocal resonance, and rusty sputum, then exudation blocks up the air-cells, and can only be got rid of by that exudation being transformed into pus, and excreted by the natural passages. In such a case bleeding checks the vital powers necessary for these transformations, and, as a general rule, if the disease be not fatal, will delay the recovery. I believe this to be the cause of so much fatality from pneumonia in hospitals where bleeding is largely practiced, for in general, individuals affected do not enter until the third or fourth day, when the lung is already hepatized.—*Edinburgh Monthly Journal.*

ART. III.—*Treatment of Obstruction of the Bowels.* By EDWARD WELLS, M. D., OXON.

In some preliminary remarks, the author informs us that it is not his object to treat of intestinal obstructions from causes external to the tube, as tumors, &c., nor of obstructions arising from internal causes, as hardened fœces, neither of these originate in hernia. The cases which he has in view are those which have no demonstrable cause of the obstruction, such as in the following supposed case : You are called to a patient, who informs you that he has had no proper relief from the bowels for the last seven or eight days ; that he has been to the druggist, and taken black dose upon black dose, pill upon pill, and that they are all in him, and he wants to know what he is to do next. He tells you, further, that it is true he has been to stool once or twice, or perhaps oftener during the time ; that he has, perhaps, on each occasion passed something, but is sure it is not what he ought to have passed. In short, to use his own expression, although he has occasionally had a scanty evacuation, he is convinced that “*nothing has gone through him.*” Upon examining

the abdomen, you find some distension around the umbilicus, with a degree of tenderness on pressure. This last symptom varies from that slight shade in which the patient can hardly say whether the pressure relieves the pain or not, up to decided tenderness at the least touch. In mild cases, the patient will tell you he feels very well, excepting the obstruction; but the knowledge of its existence makes him very uncomfortable. In other cases there is some degree of sickness conjoined, merely perhaps occasioned by the purgative draughts. In severe cases, the sickness is more permanent, mucus or bile being rejected from the stomach. In such instances, we should expect the tenderness on pressure over the bowels to be greater, though still not in any degree approaching to what occurs in peritonitis. There will also be a rumbling of flatus in the intestines, and the patient will say he feels the wind pass downwards to a certain point and then stop. All this time the pulse is not perhaps accelerated; it is generally weak; the tongue is moist and often clean; the urine, provided the obstruction is not situated high up in the bowels, is not necessarily affected, though generally high colored.

Under these circumstances, and especially in the milder cases, the first thing perhaps that you do is to order a large enema to be thrown up. It is found to traverse the large intestine easily; the patient assures you that he feels it go as far as the illo-cæcal valve, and after a short time it returns without any tinge of fecal matter. The obstruction is not in any part of the colon, but somewhere in the small intestine.

What treatment should then be adopted? In the severe cases, where there is pain upon pressure, distention of a portion of the intestine, a rumbling of flatus, and frequent vomiting, it will be said that the line of treatment is easily chalked out; that, whatever the cause of obstruction, we have inflammation superadded, and that our treatment must be directed to subdue the latter. This is quite true; and in such well-marked cases I did not think there would be much chance of the case being misunderstood. But we must remember that these severe instances of the disease are only the consequences of a continuation and aggravation of the symptoms of its milder forms. We must not forget that the most simple case of obstruction is liable to run into a fatal form, if, with a view of obtaining an action of the bowels, we are incautious in the prolonged

use of irritating medicines. Finding that the patient's chief discomfort arises from the fact of the bowels not acting, that he professes himself as feeling otherwise well, we are, perhaps, rather too liable to fall in with his own fancies, and just give him one more dose.

Now, in these cases what ought we to do? In the first place, abstain entirely from all purgative medicines. It will be much better to err in not giving sufficient aperients, than to err in giving too much. The first thing to do is to compose the patient's mind by informing him that there is no hurry for the bowels to act; that if he waits patiently, they will be sure to act in time; to tell him instances of persons who have gone a long time without any action of the bowels, and have done well.

Next, in these cases of obstinate obstruction, I have great faith in the lancet, where it can with safety be used. It has seemed that a slight degree of faintness, produced by blood-letting, has acted very beneficially in removing the exciting causes of the obstruction, probably by the general relaxation which the faintness itself occasions. By putting the patient in an upright position, and bleeding him until he begins to feel slightly faint, I think we are quite safe not to do him any harm. If he is of a weak, nervous temperment, a very few ounces will produce the desired effect. If he be strong he will afford to lose more. Where, however, the debility of the patient forbids the use of the lancet, it will be as well to apply leeches around the umbilicus. These act, probably, by relieving the local congestion, which is either the cause or the effect of the obstruction.

These measures premised, the safest plan is, I think, to put the patient under frequent doses of calomel and opium. Even if inflammation be totally absent, the exhibition of these two drugs is likely to be attended with the best effects. The opium soothes the bowels, already irritated by the repeated cathartics; it allays the over-excited peristaltic action; it relaxes any contingent spasm, and quiets the patient's mind. To effect these objects, it must be administered in sufficient doses—such as gr. $\frac{1}{2}$ to gr. j. every four hours. The calomel, by improving the secretions, and exciting the liver, tends to remove the cause of obstruction. And if this happen to depend upon a partial enteritis, the combined action of these two medicines would hold out the best hopes of a successful treatment. If the calomel be sufficiently guarded by opium, there is not, I think, any fear of its producing any serious irritation of the bowels.

While using these remedies I should be in no hurry to accelerate the action of the bowels by aperients. I should rather wait until they begin to act of themselves, as they generally will; and then, provided no inflammatory symptoms were present, there would be no objection to administer a dose of castor oil to aid their propulsive efforts. In these cases it is also better to delay the administration of aperient enemata until the bowels are acting themselves. Previously to this they appear to add rather to the patient's discomfort, probably by the distension they occasion in the large intestine, which re-acts upon the parts already distended by the obstruction.

When there is no tendency to sickness, it is better to allow the patient to take food, in the shape of gruel, by the mouth. It prevents that sense of sinking which he often experiences, and it probably acts in some degree mechanically in propelling the contents of the intestinal tube.

In those severe cases, where there is frequent sickness, with pain in the bowels, and a rumbling of flatus, the above measures will be still further indicated. But there will also be other things which it will then be necessary to attend to. In these cases it is of great importance to abstain from giving any food by the mouth for some days. A teaspoonful of cold water should be put into the mouth from time to time to allay the patient's thirst. His support should be entirely entrusted to beef tea injections. It is proved that these are sufficient to maintain the strength for some time—at any rate, for a period sufficient to allay the irritating symptoms, which forbid the exhibition of food by the mouth. This part of the treatment I am inclined to consider of the highest importance; for, as long as food is continued to be administered by the mouth, and is rejected by vomiting, there will be little chance of arresting the inversion of the peristaltic action of the intestinal tube. The nutritive enemata should be of small bulk, not exceeding at the outside a quarter of a pint; otherwise, they will not only be retained, but they will add to the patient's sufferings. They should be administered at regular intervals of four hours. When there is much rumbling of the intestines, or when there is a difficulty as to the retention of the injections, it is advisable to add to them a certain portion of laudanum.—*Lon. Med. Gaz.*

ART. IV.—*On the Treatment of Itch.* By M. HARDY, &c.

The following discussion on the subject took place at a recent meeting of the Societe Medicale des Hopitaux :

M. HARDY. On arriving at the Hospital St. Louis, I found the treatment of itch instituted in the following manner by M. Bazin. The patient takes a bath on entering ; in the evening he is rubbed with the sulphuro-alkaline pomade of Helmierick. On the second day, at six o'clock in the morning, another bath and general friction ; on the third day a bath, and the patient is discharged cured. This treatment has failed in only six cases in seven hundred, in which it was adopted. I have tried several experiments with the view of reducing the duration of the treatment, which evidently has no other object than to kill the acari, and I have been enabled to cure the itch in two hours. On the arrival of the patient, I caused him to undergo a general friction for half an hour with black soap. This friction has the effect of cleaning the skin and breaking the pimples. I afterwards give the patient a bath for an hour, and have him rubbed during this time to soften the epidermis and complete the rupture of the pimples ; then I have rubbed him for half an hour with the ointment of Helmierick, all over his body. The patient is cured after this friction, which has killed the acari. I do not speak of secondary eruptions, which disappear after a few simple baths, and which are in no way due to the itch. Of 400 patients whom I have treated thus, only four have suffered relapse. Of these four, two were infants who were not well rubbed, and two others might have contracted the itch again.

Of the 145 patients whom I treated in the month of June, I watched a dozen in order, that the fact of the cure might be perfectly confirmed.

I may add that this rapid cure obviates the necessity of receiving the patients into the hospitals, who constitute a certain expense to the Hopital Saint Louis, and who will be perfectly cured as out patients.

M. DEVERGIE. I do not deny to M. Bazin the merit of having considerably abridged the duration of the treatment of itch ; but I may remark that, in the year 1818, masses of patients presented themselves at the Hotel Dieu, afflicted with itch ; and at that time Dupuytren employed frictions all over the body with sulphuret of potassium. Since then, this treatment has undergone singular oscil-

lations: and at length only partial frictions were made, and only the hands and feet rubbed with ointment. I have doubted whether, in certain cases, it was not injurious thus suddenly to suppress a disease affecting a large portion of the surface of the skin; for, in certain cases, I have seen manifested, owing to sudden suppression of skin diseases, pulmonary congestion, and even abscesses.

M. HARDY observed that he had seen boils appear after itch, but never serious symptoms.

L. LEQUIN. M. Razin cures itch in two days, and M. Hardy in two hours; but for a very long time I have cured this affection in two minutes, and that by a means the invention of which is due to M. Aube—by friction with turpentine. The friction should be general. This is a plan which I employed for a long time, which I have always found successful, and which I am surprised has not been alluded to here.

M. HARDY. Turpentine is not free from inconvenience, and I think my plan excellent, because it is not only as insecticide as turpentine, but because it has the advantage of reaching the insects wherever they exist, and breaking the pimples by the bath and friction.

M. BROUSSEAU. I quite understand the utility of breaking the pimples containing the acari; but, formerly, by Pihorel's method, the frictions were made absolutely only in the palms of the hands; the treatment lasted 18 days, and the patient was cured by a kind of sulphurous impregnation.—*Gazette des Hospitaux*.

ART. V.—*Morbid habit of swallowing Hair; Prolonged sojourn of the foreign bodies in the gastro-intestinal canal.—Evacuation of Packets of Hair by vomiting and alvine dejections.* By DR. CRAWFORD.

Dr. Thompson has alluded, in his journal, to the case of a girl who used to swallow her hair, and had lately vomited packets of it. The patient has since then, passed, per anum, a large mass of the same organic product; this circumstance induced us to enquire more minutely into the case, and we learned from the girl the following facts:

She is a servant, twenty-three years of age, now pale and thin, but formerly ruddy and stout, and was admitted Nov. 16, 1851, under the care of Dr. Crawford, with very obstinate constipation. The patient began to menstruate at the age of twelve years, and at

thirteen, while in a comfortable situation, contracted the habit of picking off her hair, biting, chewing, and at last swallowing it. She went on satisfying this depraved taste for four or five months, when, being reprimanded, she gave it up, and has never resumed the custom since.

Soon after this, the patient began to feel a pain under the false ribs, on the left side, just over the spleen and the large extremity of the stomach. She was treated in various ways, and at different hospitals and dispensaries, during several years, for this pain, no one, nor herself, suspecting that the abovementioned habit was the source of her malady. The general belief was, that she suffered from a tumour in the vicinity of the spleen; pain in that region, constipation of bowels, and wasting, being the principal symptoms.

At last, about a fortnight before admission, she was seized with fits of vomiting, and, among the rejected matters, a solid concretion became now apparent, but the constipation was very obstinate, and went so far as to produce stercoraceous vomiting. No more hair was noticed after these symptoms abated, until Jan. 26, about nine weeks after dismissal, when a very large hairy concretion was discovered in the fæces. It was of the size of the dilated rectum, measured five inches in length, and was of a deep black color. (The girl's hair is of a light tint.) The patient states that she felt this in the right iliac fossa, and she is now under the impression that more hair will be evacuated. The health has of late been rather weak, but the appetite is pretty good, and the intellect clear; but the patient complains of flatus, and of the bowels rolling in knots. This is another and very striking example of the difficulty of treating disease, when we do not know every particular of the history.—*London Lancet.*

ART. VI.—*Sub-nitrate of Bismuth, in large doses, in Typhoid Fever.*
By M. ARAN.

M. Monoret had previously noticed the good effects of sub-nitrate of bismuth in choleric diarrhoea, and in the diarrhoea of children. M. Aran had administered it in a case of obstinate diarrhoea following typhoid fever; its success was rapid, and in twelve days the patient was convalescent, when the sub-nitrate was administered, and that the completion of the cure was delayed only by this diarrhoea, which continued with much obstinacy. The case, therefore, was one of that diarrhoea which almost always accompanies typhoid fever towards

its termination, and which is most frequently connected with lesion of Peyer's plates, and with an irritated state of the intestinal mucous membrane ; for at this period, the utility of alvine evacuations is indisputable, purgatives having the property, if not of abridging its duration, at any rate of preventing or rendering less intense the complications of other organs. But because this diarrhoea, while it continues within certain limits, does not present any special indication, at least of active interference, in the earlier stages of the typhoid fever, it does not follow that it should be disregarded when it lasts beyond its ordinary term, during recent or not complete convalescence. Sometimes, indeed, after a few day's fever, appetite returns, fever diminishes, the tongue becomes moist, the meteorism disappears, the stomach is indolent, and yet the stools continue liquid and frequent, and the patients cannot bear the slightest nourishment. In this, amylaceous lavements containing a few drops of laudanum, are ordinarily employed, but often without success. The physician is thus puzzled to raise the strength of the patient ; if he allows food, he has to fear enteritis ; if he leaves his patient to absolute diet, his strength, instead of increasing, diminishes daily ; he should then have recourse to sub-nitrate of bismuth, as a powerful auxiliary.—*Bulletin General de Therapeutique. Stethoscope.*

ART. VII.—*Treatment of Essential Paralysis in Children.*

(From the Gazette Medicale de Paris, Nov. 1851.)

Rilliet, of the Geneva Hospital, has written a very elaborate article on "Essential Paralysis in Children," in which he discusses, in a very lucid and satisfactory manner, the duration, prognosis, causes, diagnosis, etc., of the disease ; but we can only make room for that portion of the essay which relates to the treatment of essential paralysis in infants.

After referring to the mode of treatment recommended by Doctors Kennedy and West, on the supposition that the disease is caused by derangement of the digestive passages, and therefore that purgatives, and especially *Hydrargirum cum Creta*, are the best and surest remedies, he proceeds to expound the views recently put forth by Dr. Heine on this subject. According to this gentleman the following constitute the most important indications to be fulfilled in this disease :

1st. To arouse innervation, whose action in the spinal marrow has been annihilated, and consequently, also the nerves proceeding from it, and distributed to the paralyzed limbs.

2d. To restore to the deformed limbs their usual shape, by means of suitable orthopædic apparatus.

3d. To fortify the whole constitution.

To fulfil the first indication, Dr. Heine employs the tincture of *nux vomica*, both internally and externally. He prescribes this tincture combined with camphor and pyrethre (?) in the dose of 12 drops twice daily; which dose may be increased. He continues this treatment for some time; at the same time, he has the spine and the lower extremities well rubbed with a compound of tincture of *nux vomica* and ammonia. At the end of one or two weeks, he puts the patient upon the 1-16th of a grain of the sulphate of strychnia, which he gradually increases to the 1-6th. Dr. H. observes, that independently of the physiological effects of the strychnia, this medicine possesses the power to augment the heat and perspiration of the paralyzed limbs; whilst its influence over the paralysis itself is very slight. He regards the *rhus toxicodendron* as inferior to strychnia, in these cases. He has also tried cod liver oil, but without any other benefit than improving the appearance and complexion of the patient.

Dr. Heine has derived much benefit in the treatment of this form of paralysis, from frictions with phosphorus combined with an etherized animal oil—ammonia and the tincture of cantharides. Baths, especially in the form of the douche, directed along the course of the sacrum, have been highly beneficial. Orthopædic and other mechanical means, are too tedious in their effects for the parents and friends of the patient; and hence, they can be rarely fully tested. Gymnastic exercises, and the use of a peculiar sedan, of which he gives a description, will check the tendency to atrophy and wasting of the limbs.

To close this article—In the early stages of the attack, the treatment should be directed to the correction or abatement of the supposed primary cause of the disease, whether in the *primæ viæ* or spinal theca; if the child suffers from difficult dentition, incise the gums; if the digestive passages are deranged, administer light, alterative purgatives (calomel and rhubarb answer an excellent pur-

pose.—*Ed.*) ; and if the paralysis be preceded by painful contractions of the muscles, resort to warm baths, frictions, and the like.—*N. O. Med. and Surg. Journal.*

SURGERY.

ART. VIII.—*A novel method of treating Diseased Joints.* By Mr. GAY.

[The following synopsis of a paper read before the Medical Society of London, Nov. 15th, 1851, bears so close an analogy on a mode of treatment set forth in previous numbers of this Journal, that we are constrained to copy it entire, as we find it in a late number of the London Medical Gazette.—*Editor of N. York Journal of Medicine.*

Mr. Gay commenced his paper by observing that, to the present time, there was no department of surgery in which the powers of art have been comparatively so feeble as when applied to the relief of those diseases of the joints, which, from their results, might be termed destructive. Hence, let the articular surfaces of the joint be bereft of their cartilages, a sinus or two be formed around it, and the health of the patient show symptoms of exhaustion, and the joint, probably the whole limb, is doomed to amputation. He adverted to the causes of the removal of the cartilage from joints, and gave it as his opinion, that in addition to primary synovial and osseous disease, the cartilages were sometimes removed by absorption, in consequence of degeneration of their own tissue, without any traceable affections of the contiguous textures. In all cases of removal of cartilage, the tissue degenerates into a kind of fibrous texture, antecedent to the final process ; and, as portions of cartilage were sometimes observed to be removed without any apparent disorder of either the synovial or osseous surfaces, and, moreover, as cartilage was known to be inadequate to its own repair, Mr. Gay thinks it most probable that the portions of cartilages so removed had first spontaneously degenerated, and then become absorbed. Mr. Gay went on to remark, that if a series of joints be examined, in which the removal of the cartilages is taking place, the appearances will be as follows :

If it be presumed to follow disease of the synovial capsule, the cartilage will be found in some to maintain its connection with the bone, whilst it is thinned by absorption at its free surface. In others,

however, the bone is found inflamed at various points of its connection with the cartilage; and at these points the cartilage is loose, and may be peeled off, so that portions of thin attached and unattached cartilages are found in the same joint. When entirely denuded, or almost so, the surfaces of the bones may exhibit simply a state of increased vascularity, which precedes the effusion of plastic lymph for the purposes of reparation by ankylosis, or may be observed to be in a condition of ulceration. This ulceration may exist as a simple abrasion, or be of considerable depth; but there is generally a uniformity in this respect over the whole surface. With this state of ulceration there is also a softening of the osseous structure, and frequently disintegration; the contents of the joint consisting of broken up cartilage, and osseous and other debris together, or osseous matter, with ichorous or sanious discharge. When the disease originates in the bone, as in by far the greater number of cases, in Mr. Gay's opinion, it does, the separation of the cartilage is affected by another process, which he terms "shedding," and the cartilage is then reduced to the condition of a foreign body within the joint. Shreds of cartilage thus situated in a joint, may, in many instances, be observed after months and even years of disease; and as, on the other hand, its separation from the articular extremity of the bones may be accomplished in an almost incredibly short period of time, it is fair to infer that the time thus passed must have been occupied in the process of its extrusion from the joint, and that this is accomplished, neither by ulceration nor absorption, but disintegration by, and solution in, the discharges of the joint. But the bone itself being diseased, adds its exfoliated or disintegrated particles to the cartilagenous debris, which, with its own discharges, constitute generally the contents of a joint in which the disease commenced in its bony elements. The result of these discharges is to set up inflammation in the sound textures contiguous to the joint, and general systematic irritation. Sinuses form around the joint; the disease extends itself; the ligaments become ulcerated; the spongy tissue of the bones infiltrated with pus, and broken down; osteophytes form around the heads of the bones; abscesses extend themselves into the surrounding soft parts, separating the different structures, and setting up unhealthy and destructive action against them; and, in short, a climax is arrived at in which the local mischief reacts upon the constitution, and life is only to be preserved at the

sacrifice of the joint of the limb. Mr. Gay inferred from these remarks, of which only an imperfect abstract has been given—

1. That there appears to be no reason why disease affecting the constituents of a joint should be slower in their course of reparation than disease of any other part or structure.

2. That the removal of cartilage from its osseous connection in a joint, is occasionally effected by absorption, but most frequently by a process of “shedding,” or exfoliation.

3. That cartilages thus shed become, by their being pent up in a joint, sources of local and constitutional irritation, and thus promote disease in the osseous and other structures appertaining to a joint, supposing that such affections do not exist primarily; and in case they do, these cartilages, by the same influence, maintain and extend these diseases also,

4. That the natural outlets of these discharges, the sinuses, are inadequate for that purpose.

5. That, therefore, the exfoliated contents of a diseased joint have to be minutely broken up by, or dissolved in, the discharges of the joint, in order to their removal; processes which are necessarily of a very protracted order, and which account for the tardiness in general characteristic of joint diseases.

6. That the exfoliated contents of a joint, after its cartilages have been removed, and even after extensive diseases have been set up in the bones and other textures, have only to be completely removed, and processes of reparation will, in the majority of instances, immediately commence.

Mr. Gay then alluded to the usual modes of treatment, and remarked, that the operation of resection of a joint is not only a useless but an unphilosophical mode of treatment for diseased joints. In the first place, primary disease is generally limited to one of the articular extremities of the joint; it is therefore a useless mutilation to remove more than that disease, supposing the operation were for a moment admissible. But, moreover, dissections show that disease originating in bone, when arrived at that stage at which the operation of resection is generally employed, has extended itself far beneath the surface, and frequently along the shaft for a third of its whole length, so that resection cannot accomplish its purpose, which must be manifestly the removal of all disease. The plan Mr. Gay recommends, then, is free and deep incisions made along each side of a joint, so as to lay open its cavity freely, and to allow of no discharges being by any possibility

retained within its cavity. They should be made of such a length, and so treated that they do not heal in the form of sinuses. They should be made, if possible, one on either side of the joint, and in the direction of the long axis of the limb. They should extend into the abscesses in the soft parts so as to lay them open. If sinuses exist, the incisions should be carried through them, if this can be done without departing from a slight curve. If either of the bones be carious or necrosed, the incisions should be carried deeply into such bones, so as to allow the dead particles of bone to escape. Ligaments which stand in the way of a free discharge from the joint should be cut through. Of course important vessels should be avoided. The wounds should be kept open by pledgets of lint, and free suppuration encouraged. The constitutional powers have in each case rallied immediately after the operation ; and, as the discharges from the joint have altered in character and become healthy, which they in general do in the course of two or three weeks, these become invigorated, and improve with the improving joint. Mr. Gay then narrated some cases in corroboration of his views : Peter D—, aged thirty-eight, admitted into the Royal Free Hospital in 1842, for diseased elbow joint, of three years standing, with ulceration of the cartilages and sinuses. The joint was opened on either side, and healed in eleven weeks. The next was a case of disease in the articulation between the first and second phalanges of the thumb, of eighteen months standing. Cured in six weeks. The third case was that of a man with “long-standing” disease of the tarsal articulation. One sinus led to the interior of the joint. Incisions were made on each side of the foot, and complete ankylosis followed. The fourth case was that of a little boy with strumous constitution, with disease of the knee-joint consequent upon suppuration of the bursa of that joint. The little fellow was reduced by fever to a very low ebb, so that bed-sores formed on part of his body. The joint was opened ; ankylosis took place at the end of four months, and the knee bent on the thigh. The fifth case was that of a German, with disease of the wrist joint, which had resisted treatment. One sinus led into it. One incision was made at the back of the joint, and ankylosis followed, but was not observed to be perfect for six months. The sixth case was that of a young Irish woman, with disease of the tarsal articulation, following upon traumatic erysipelas of the leg and foot. She was reduced to an exceedingly low condition, and, from cough with blood sputa, night sweats, (according to Dr. Heale,) the

physical symptoms of the chest, and extreme emaciation, she was supposed to be phthisical, and so diseased, that amputation, which was supposed to be the only remedy for the disease, so far as the joint was concerned, was forbidden by the authority of Dr. Heale. Mr. Gay made an incision on either side of the foot in this case, and the change both in the joint and constitution was remarkable. Her health rallied from that moment, and the joint assumed a more healthy aspect. In a fortnight the joint was fixed by the exudation of lymph between the bony surfaces, and in five weeks perfect ankylosis had taken place, and the wounds had healed. She soon after left the hospital, and was, a week or two since, to Mr. Gay's knowledge, in perfect health. The seventh case was that of Highley, a report of which has been published. The eighth case was that of a little boy with disease of the articulation of the first and second phalanges of the thumb. In this case the cure was not accomplished. The incisions resolved themselves into sinuses, and, after several months, the necrosed phalanx came away."—*New York Journal of Medicine*.

ART. IX.—*Easy mode of Reducing a Dislocated Femur.* By Dr. MAYR.

Dr. Fischer, of Cologne, published in *Casper's Wochenschrift*, November 1, 1849, an account of his mode of reducing dislocation of the femur, and which consists in flexing the femur to an acute angle with the trunk, and impressing upon it gentle rotatory movement while in a state of abduction, if dislocated on to the ilium. Dr. Fischer resorted to it in a case that occurred lately to himself. A man, aged 31, dislocated his right femur upwards and backwards; and after repeated attempts at reduction, even by the pulleys, had been made, the author was called in on the 13th day after the accident. After he had in vain tried the ordinary plan of extension and counter-extension, he resorted to the following means: The opposite limb and the pelvis were fixed, the operator flexed the femur upon the trunk, and, passing one arm under the ham while he grasped the calf with the other, he imparted rotatory movements of gradually increased strength to the limb. As soon as he perceived a greater mobility of the head of the femur, he brought the limb into a state of strong abduction; and when, still continuing the ro-

tation, the head had approached the acetabulum, he was able, by a rapid and strong pull inwards, to slide it into its pan, which it entered with a loud noise. The gentle rotatory movements mentioned by Fischer did not succeed here, all his force being required in their production, which may be probably due to the time the bone had remained unreduced.

The anatomical structure of the parts also recommends this procedure. In front of the thick edge of the acetabulum, the under surface of the ilium forms a perceptible depression, and if the directions given in the manuals are followed, of making the traction obliquely from outwards, inwards, and somewhat from behind forwards, be followed, the head of the bone must meet in this depression with a considerable obstacle to its progress. This sometimes even invincible obstacle appears to be avoidable by resorting to abduction.

ART. X.—*On a New and Simple Method for the Cure of Fistula.*

By H. B. EVANS, Esq., M. R. C. S. &c.

The frequent occurrence of fistula, and the often unfortunate and unsatisfactory results of an operation intended for its cure, induce me to make known to the profession, through the medium of the *Lancet*, a simple plan of treatment, which has proved eminently successful in two cases under my care.

In October, 1850, W. E——, box-maker, aged forty-two, applied to me with an abscess in the neighborhood of the rectum, pointing externally, which was opened, and gave exit to a large quantity of pus. This gradually degenerated into a deep fistulous tract along the rectum, and communicating with it at its extremity. For two months the usual remedies were adopted without success, and I then expressed my opinion that an operation must be resorted to. In this I was fully borne out by the opinion of an eminent hospital surgeon whom I called in. This the patient obstinately refused to submit to, and such refusal led to my adopting the mode of treatment I am about to detail.

A blunt-pointed silver probe, five inches in length, (the sinus itself being four inches in depth,) was inserted into the wound, having previously been dipped in dilute nitric acid, (one part of acid to one part of water,) and suffered to remain there a minute.

That this had a strong cauterizing effect, I knew from the pain it occasioned. Thus far the result was desirable ; but in consequence of the destruction of the silver probes by the acid, and the impossibility of using them more than three or four times, I had some copper ones made, and used them in the same manner, only substituting a nitrate of copper for a nitrate of silver, and I think with a better effect. Under this treatment I was pleased to see the depth of the sinus daily decrease by the gradual filling of it up with healthy granulations from the bottom. This was continued nearly every day for two months—February 22d, 1851, being the last occasion on which I thought it necessary to apply the nitre of copper. The patient is at the present time perfectly sound.

In March, 1851, W. H——, aged thirty, applied to me with strumous disease of the testicle. Iodine and iron were given, which arrested the progress of the disease, and produced a corresponding improvement in his health. The outward form of the testicle was retained, but with an open sinus of an inch and a half in length in an oblique direction from the apex, and discharging a thin white glairy fluid, peculiar to fistulæ. The same treatment was pursued as in the former case, the sinus becoming entirely filled up by September, without any external marks of previous disease, beyond a slight irregularity on the surface and a small cicatrix.

Thus, by an easy method, may the most strumous fistulæ be traced to their extremities, and a strong caustic powder applied to the bottom of the wound, from whence it is so desirable granulations should arise.

A limited sphere of private practice enables only to give these two cases ; but I have no hesitation in saying, that if this system be approved of and practised by surgeons generally, they would have as much reason to be satisfied with it as myself and patients, and the use of the knife would become almost obsolete. When a silver and copper wire are introduced together, after having been dipped in the acid, the caustic effect is intense, (likened by the patient to a red-hot wire,) and if allowed to remain too long, would destroy the tissues with which they were in contact. This, I apprehend, is the effect of the galvanic action set up by the contact of the copper and silver wire with the acid acting upon them.

Before concluding, I will just observe that the treatment in the first case was put into practice some time before the report of the

treatment of "Fistula and Hæmorrhoids by Platinum Wire made red hot by Galvanic Battery, by Mr. Marshall, of University College Hospital," published in the *Lancet*.

ART. XI.—*Practical Rules for the Suppression of Arterial Hemorrhage.* By PROFESSOR SYME.

In the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the ankle, is always under the control of the pressure, provided it be properly employed—that is, not superficially, but from lint, or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in wounds of all arteries accessible between the limits just mentioned and the heart, the vessel should be exposed at the seat of injury, and tied on both sides of the wound it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence, both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose "Principles of Surgery" you will find many and impressive lessons of the effects resulting from inattention to it, and also from its regard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton, to carry me across the Frith to Buntisland, where a special train would be ready to proceed onwards, but whither or for what purpose, there was no information. Having traveled a considerable distance, I met several practitioners of great experience and intelligence, who were suffering much anxiety in regard to a youth, in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hemorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to hold a consultation as to the most efficient measure of relief, even though it

might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle above mentioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued, but arresting this with my thumb, pressure being made at the same time upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed, and tied on both sides of an aperture distinctly visible in its coats. In less time than I have taken to describe the process, the patient was transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had escaped the deep dissection.

The fourth rule I have to offer is, that when an aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned should be of a large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantage resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral further up the arm.

To illustrate the exception mentioned, I may relate the case of a young man who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence, but was restrained by a compress, formed of eight half crowns wrapped in a piece of cloth. The wound healed, and an aneurism soon after appearing, he was sent here to my care. Respect for the general principle, and suspicion from the purring sound that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation, as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it with the happiest result.

The following case will show the danger of not strictly limiting exceptions to the rule within the limits which have been mentioned.

A middle-aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed from both openings, but when she was laid in bed ceased, and did not return. At the end of a fortnight the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large, pulsating tumor in the forepart of the leg, immediately below the knee, and another of equal size in the popliteal cavity.

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and on the whole being inclined to think that the one last mentioned was most probably concerned, in which case the ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation, the tumors ceased to pulsate, and favorable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, and applied firm pressure between the tibia and the fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided before it entered the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Med. Sciences.*

ART. XII.—*Case of Tracheotomy.*

Professor Miller read a communication to the Edinburgh Medico-Chiurgical Society, from David Johnstone, Esq., A. M., Surgeon to the Royal Infirmary, Montrose, entitled a "Case of Tracheotomy—an Account of a Foreign Body in the Air Passages." We copy it from the Edinburgh Monthly Medical Journal. A lad, aged 15, in a fit of laughter, while cracking nuts, was seized with violent

coughing, as he supposed from having swallowed a portion of the shell. The cough and distress continuing, a surgeon examined the throat and passed a probang without relief. When seen, some days afterwards by Mr. Johnstone, the symptoms plainly showed the lodgement of a foreign body in the air passages, probably in the left bronchus. Tracheotomy was resolved on, and was performed on the seventh day after the occurrence of the accident. The trachea and larynx were carefully examined with the finger and probe, with, and without chloroform. In applying this anæsthetic agent no stupor could be induced, until a sponge saturated with it, was applied to the wound, in addition to the ordinary mode of administration. The foreign body not having been found in the larynx or trachea, search was made in the left bronchus, by means of a polypus forceps; but without success. After bleeding had ceased, the wound was brought together by sutures; but these were removed on the day following. Pain and other inflammatory symptoms followed, indicating acute affection of the left lung; but yielded to leeches, with mercury and tartar emetic. On the 10th day after the operation, an inflammatory relapse occurred, but again yielded to antiphlogistic treatment. On the 28th day after the occurrence of the accident, a violent fit of coughing, with pain and dyspnœa occurred, threatening fatal suffocation. This attack having lasted twenty minutes, sudden and permanent relief was experienced by the ejection of the foreign body through the mouth. On the thirty-eighth day the patient was carefully examined and found free of disease.

OBSTETRICS.

ART. XIII.—*Clinical Illustrations of Sub-Acute Ovaritis, with remarks on the Diagnosis of that Disease.*

After reading ten cases of sub-acute ovaritis, Dr. Tilt gave a summary, in which he showed how far they threw light on the causes, symptoms, and termination of the complaint. He then treated more fully of its diagnosis, and observed, in *limine*, that pain, however well localized and intense in the ovarian region, was not a sufficient ground to admit ovarian inflammation, because the pain might depend on uterine inflammation, or on what Dr. Fleetwood Churchill describes as ovarian irritation, considered by Dr. Tilt to be the same disease as the French pathologists term lumbo-abdominal neu-

ralgia. With regard to the diagnosis of sub-acute ovaritis, Dr. Tilt remarked that it was rendered difficult by the similarity of the seat of pain in both complaints; and that, however probable it might seem from the absence of uterine disease, the fixed pain, the appearance of fever, the tensions or swellings in the ovarian regions—still a rectal examination could alone give certainty to the diagnosis. Those, (Dr. Tilt adds,) of a nervous temperament, are most liable to lumbo-abdominal neuralgia, not brunettes, of a sanguine constitution, as in most of my cases. Pain exists in all, but while, in sub-acute ovaritis, it is more fixed, continues with the same intensity without regular exacerbations, and is exasperated by any kind of pressure, in lumbo-abdominal neuralgia it is quite the contrary; for though there may be, at all times, a dull, aching sensation, this is not invariably the case—pain sometimes occurring by repeated attacks, and is relieved by wide, or even continued pressure with the united tips of the fingers. Dr. Tilt agrees with Dr. F. Churchill, that ovarian irritation is characterized by a kind of nervous tenderness, which shrinks from the weight of the finger as much as from severe pressure, and not by the *positive* pain mentioned in Dr. Tilt's cases. There is also, in lumbo-abdominal neuralgia, no swelling, no heat, no pain of the ovaries when these organs are subjected to a rectal examination, whereas there is heat, swelling and pain in sub-acute ovaritis. The pain is unaccompanied by any sympathetic pain of the breasts, or fever, in lumbo-abdominal neuralgia; not so in sub-acute ovaritis. The former is so frequent an accompaniment of uterine disease, that many pathologists, both at home and abroad, consider the pain in the inguinal region as almost pathognomonic of uterine disease, while sub-acute ovaritis is not so frequently induced by uterine disease. With regard to treatment, repeated blisters and opium are of most use in lumbo-abdominal neuralgia; but such remedies, valuable in the latter stages of the disease, require to be employed after leeches, emolients, &c., in sub-acute ovaritis. Dr. Tilt then established the greater frequency of young females to idiopathic peritonitis, and to bridles of lymph in the vicinity of the ovaries, and concluded by observing—It seems urgent on us carefully to bear in mind the frequency of inflammatory products in or about the ovaries; the frequency of intense suffering in the ovarian regions at the menstrual periods; and the great probability of both facts standing one to the other in the relation of cause to effect. We should also remember the greater liability of young women to idiopathic peritonitis, and incarceration

tion from the bridles of inflammatory lymph, at the very age when I have shown sub-acute inflammation of the ovaries is most frequent, and therefore the imperative necessity of watching over the first stages of a disease, which being too often left to nature is as frequently productive of serious mischief. Lastly that sub-acute ovaritis can be distinguished from uterine affections, as well as from lumbo-abdominal neuralgia, and that at all events no harm can ensue from the treatment recommended.*

A discussion took place, in which Messrs. Hird, Canton, Dendy, as well Drs. Murphy, Crisp, and Ogier Ward took part; and all admitted the difficulty and interest of the subject. It having been stated by Mr. Canton that whereas he had frequently been able to ascertain on the dead body the possibility of investigating the condition of the ovaries through the rectum, he did not find that in the normal anatomical condition of the human body, that the ovaries were susceptible of being mediately examined by pressure to the inguinal region. Dr. Tilt replied that while admitting the force of Mr. Canton's assertion, when increased to double or triple their usual size by inflammatory congestion, the ovaries were so pushed forward that by careful pressure in the inguinal region, a small tumor might sometimes be felt, and the diagnosis was susceptible of being tested by a rectal examination. In answer to Drs. Murphy and Dendy's doubts as to whether the cases read by Dr. Tilt were not cases of physiological irritation or erethism of the ovaries, and whether he could establish the difference between congestion and inflammation of the ovaries. Dr. Tilt said, that unable to do more than general pathologists, he could not fix the precise boundary between ovarian congestion and inflammation, but that when he met with cases where the ovaries were enlarged, painful with increase of temperature, and a tendency to fever, and this totally independent of menstruation, he considered this state to be one of inflammation, and as having nothing to do with the physiological action of the ovaries. He added that as numerous observers had met with such cases, it was fair to infer that the same might be still more likely to happen during menstruation, as, in fact, occurred in some of his cases. Dr. Tilt admitted that the greater liability of women to incarceration of the ovium by bands of lymph, might be left as a reserved question, although with Dr.

* We have given but a short abstract of Dr. Tilt's interesting paper, as it will shortly be published entire in *THE LANCET*.

F. Renaud and others, he believed it to be the case, and he referred Dr. Crisp to the work of Dr. Negrier for a case of death by peritonitis, from the bursting of a very small ovarian cyst. To Dr. Ogier Ward's inquiry, relative to the constitutional symptoms of sub-acute ovaritis, Dr. Tilt said that they were not of a severe nature, varying according to the patient's constitution—slight fever in some, hysteria in others, or psuedo-narcotism or derangement of the biliary function.—*London Lancet.*

ART. XIV.—*A Successful Case of Parturition, in a patient who had previously undergone Ovariectomy by a large incision.* By JOHN CROUCH, Esq., M. R. C. S., Burton, Somerset; formerly House-Surgeon to the Winchester Hospital.

Fanny Gould, the subject of this case, is now a fine healthy young woman, twenty-six years of age. In August, 1849, I extirpated, by a peritoneal section of nine inches, a multilocular cyst, weighing 14 pounds, and containing not less than two hundred separate cavities. The operation and its subsequent treatment are described in the 44th volume of the *London Medical Gazette*, and in the *Provincial Medical and Surgical Journal* for 1849. The tumor consisted of a hypertrophy of the left ovary, the cells of which contained an albuminous fluid of various consistencies. The fimbriated extremities of the left fallopian tube were also much enlarged, and contributed a considerable portion towards the diseased mass. The patient's history from the above period is as follows:

About five weeks after the operation, she walked the distance of five miles, to inspect the preparation of the tumor which had been extracted from her. During the winter the catamenia appeared at regular intervals, and her general health continued good, with the exception of an occasional pain in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a mucopurulent discharge in the urine. In April, 1850, she fulfilled an engagement made before the operation, and entered the married state. In January, 1851, the menses ceased, and in a short time subsequently the ordinary symptoms of pregnancy commenced. These were of a mild and healthy character—indeed, she never enjoyed existence more than during her period of gestation. The pain in the left groin, opposite the part where the pedicle of the tumor had been tied, the difficult micturition, and the deposit in the urine, entirely ceased.

On the 9th of October, 1851, two hundred and eighty-two days from the termination of the last menstrual period, she was, after a lingering labor, safely delivered of a male child, weighing seven pounds. The infant was born in a state of asphyxia, with the umbilical cord tightly encircling its neck; but soon after the pressure was removed, it showed symptoms of vigorous life. One fact, connected with the cicatrix on the abdomen of the mother, is not unworthy of notice. It was previously feared that the expansive powers of the parietes of the bowels would be impaired by so large a scar passing through their centre: I was therefore agreeably surprised to find that, not only did the surrounding skin dilate without tightness or puckering, but that the cicatrix itself increased in length *three inches*, and in breadth *one-sixth of an inch*, during the period of pregnancy; thus affording an unusual and striking instance of the elasticity of newly-formed integument.

Fanny Gould has now been confined nearly seven weeks, and both the mother and child are doing well in every respect. The cicatrix has returned to the same dimensions as before the pregnancy; being five and a half inches in length, and one and a quarter of an inch in breadth.—*London Medical Gazette*.

ART. XV.—*Extirpation of the Uterus with the Ovaria*. By
DR. MARTIN.

Dr. Martin reports, in a Bavarian journal, which has been copied in the *Gazette Medicale de Paris*, the following extraordinary case:

Surgeon Z. was summoned to attend a female who had just been delivered of a child; and after some time he attempted to extract the placenta, and in about a quarter of an hour, he succeeded in abstracting the *entire* uterus with the ovaria! He was carried before the tribunal of Wasserbourg for trial. The woman, in the mean time, pending the trial, *perfectly recovered*, and assisted and gave her evidence at the trial. She preserved her uterus with the ovaria in a jar of alcohol, and produced them in court!

In conclusion, Dr. Martin adds: “*Quelque incroyable que paraissa ee cas je pus repondre de sa veracite.*”

Si Jupiter mittat sua fulmina quoties homines mintiuntur, exiguo tempore, erit *in ermis*.”—*N. O. Med. and Surg. Journal*.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—*The Spirit Rappings, Mesmerism, Clairvoyance, and Psychometry ; or the Life and Times of OLD BILLY McCONNELL, the WITCH DOCTOR ; the great prototype of the modern Professors of the Imaginative Sciences.* BY ONE BORN AMONG THE WITCHES.

In reading this work, we laugh and reflect by turns. The first part presents us with a history of the character and exploits of the hero—Old Billy McConnell—whose power in restraining evil spirits, and whose benevolent skill in relieving the victims of sorcery from their torments and their tormentors, gains for him the title of “Witch Doctor.”

While narrating some of his most thrilling yet ludicrous adventures—faithfully portraying the means by which Old Billy exercised this supernatural power, and especially the means by which he gained the entire confidence of his credulous neighbors, our author draws a parallel between him and those of the present day whom he aptly styles “imaginative philosophers ;” thus placing these Professors of Mesmerism, Clairvoyance, Psychometry, and Spirit Rapping, on their proper level. Without pretending to decide upon the amount of truth that may be embraced in these so-called sciences, or presuming to denounce the honest, but visionary seekers after such precious morsel, the author, by a happy combination and serious argument, “shows up” the pretending *discoverers, teachers, and mediums*, in a style at once amusing and truthful.

In the conclusion, the more serious reader will be interested with an exposition of the absurd and blasphemous presumption of mesmerists, in working miracles, and spirit rappers, in prophecy and religious teaching. The appendix contains some valuable statistics of investigations of these subjects, which have been instituted at different times, and which resulted in the exposure of the humbuggery invariably practiced. The style of this work is unique and pleasing. We think its circulation will have a decided tendency to “stop that knocking.” It furnishes much that is interesting for reading, reflection and reference.

C. C. P.

- 2.—*Essays on Life, Sleep, Pain, etc.* By SAMUEL HENRY DICKSON, M. D., Professor of Institutes and Practice of Medicine in the Medical College of the State of South Carolina, etc., 12mo., pp. 301. Philadelphia: Blanchard & Lea, 1852.

This work is a *gem* in the literature of our profession, written by one of the most classic writers and profoundest scholars of the present age. On subjects of absorbing interest it could not be otherwise than a valuable production. The subjects treated of by the author are Life, Sleep, Pain, Intellection, Hygiene, and Death. These are arranged in the form of *essays*. They are *disquisitions*, rather than full complete scientific *treatises*. The subjects are discussed in a manner to interest those who are members of the profession, and the more or less thoroughly educated, rather than the novice or beginner. The last two essays, on Hygiene and Death, are much more interesting and instructive than the others; indeed they are intensely so, and are worthy of the most thorough consideration. But all abound with illustrations of sound logic, deep erudition and practical genius.

We have not space to give the work a thorough review, nor to quote from its pages. It is unnecessary to do this. If any of our readers desire to enjoy an intellectual treat, do as we have done, purchase the work and read it.

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- 3.—*Discourses Delivered by appointment before the Cincinnati Medical Library Association*, January 9th and 10th, 1852. By DANIEL DRAKE, M. D.. Pp. 93. Published for the Association by Moon & Anderson—1852.

Whatsoever, of a literary character, falls from the pen of Dr. Drake, may be compared to "apples of gold in pictures of silver." Unlike most other great men, as they approximate their rarely attained three score years and ten, becoming garulous, they talk much of their deeds of glory, forever in the past—but the beams of *his* sun, as it descends majestically towards the western horizon, become more and more resplendant, and gild with more exquisite beauty, every object which they touch. In youth he was ambitious, but his energies were embarrassed by limited professional and literary opportunities, but possessed of a vigorous intellect, an unbending will, and indomitable energy, he has towered, Saul-like, above his

comepers, and become terrible in his manhood. Age is now upon him, and although it may be said in truth with most, that

"They who reach
Gray hairs, die piecemeal,"

it is far otherwise with our honored countryman. Age has enabled him to accumulate a large store of knowledge and wisdom, it has served to mellow his heart, and soften the harsh aspirations of his nature—so that those who know him at home, honor, venerate and admire him.

These thoughts are suggested by the perusal of two lectures, of which the above is the title. They display, in a most interesting manner, the history of the medical profession of Cincinnati, from its infancy to the present time. We have also, in outline, the early history of Cincinnati itself, in which very many curious and amusing items of information, that, but for Dr. Drake, would be forever lost, are placed on record to be read by future generations.

The first lecture gives, as the history of the early physician, Scenery and Society of Cincinnati, while the second discourses on the origin and influence of Medical Periodical Literature, and the benefits of public Medical Libraries. We wish we had space to quote from its pages, but *then* by doing so, we fear we should mar its beauty, and violate its harmonious unity. It is neatly bound in cloth, in pamphlet form, is cheap, and as it will probably be carried to every book-store in the country, we would advise every physician to purchase it for the purpose of enjoying a literary treat.

- 4.—*A system of operative Surgery, based upon the Practice of Surgeons in the United States, and comprising a Bibliographical index and historical record of many of their operations during a period of two hundred years.* By HENRY H. SMITH, M. D., Surgeon to St. Joseph's Hospital, Lecturer on the Principles and Practice of Surgery, etc. etc. Illustrated by numerous steel plates. Parts I & II—8 vo.; pp. 220. Philadelphia: Lippincott, Grambo & Co., successors to Gregg, Elliott & Co.

This is what purports to be an American work. Hitherto, most of our works on Surgery, and indeed on all the other departments of Medical Science, have been little more than reprints from the press of foreign countries, particularly that of Great Britain. This fact does not militate against their character in any respect—indeed we

have been greatly favored by excellent foreign medical literature. Like the poor man, however, whose wife bore him several pair of twins in quick succession, when consoled by his friends with the fact that children were the poor man's blessing, replied that he "did not like to be blessed to death." We have been nearly "blessed to death by *this* as well as some other kinds of foreign progeny. Possessing the same language, and having to struggle with poverty, politics, and the hard fare incident to a new country, our literature has been crippled, and prevented from assuming any thing like a national character. A literary independence is much more difficult to secure and maintain than a political one. But "there are good times coming," and we believe the day is not distant when we shall make our own books, as well as our political institutions.

Inasmuch as there has yet been no work issued by the press, which has presented the American practitioner with a comprehensive view of the opinions, operations, methods and instruments of his countrymen who have given to American Surgery a character of its own. There is no need of an apology for the work of Dr. Smith. Notwithstanding the excellent works of Velpeau, Malgaigne, Ferguson, Pancoast and others, there is a *vacuum*, and the work before us is needed, and will be patronized.

To give the reader some idea of the character of the contents of this work, it may be well to remark that it is divided into five parts: 1st. General Duties and Elementary Operations, or, in other words, "Minor Surgery;" 2d. Operations on the Head and Face; 3d. Operations on the Neck and Trunk; Operations on the Genito-Urinal organs, and 5th. Operations on the extremities.

The volume already issued and now in our possession, comprehends part first and second. The others are to be issued as soon as the Plates &c. can be executed. The style of the author is characterized by great clearness and simplicity, and devoid of that endless verbiage and redundancy of *words*—the curse of the ponderous volumes which so frequently find a *residing place* on the shelves of our libraries.

Dr. Smith has already won laurels by his excellent treatise on "Minor Surgery," which has been for some years in the hands of the profession. This, with what we have read of the present work, assures us that it will be complete, and more deserving of a favorable consideration than any other yet issued. There is one other commendable trait which we would not forget to mention—the

plates in all thus far are engraved on steel. This is a new thing in the way of our scientific illustrations. They are much more expensive to the publisher, but they enable the artist to display before the eye of the student, in minutiae, with great perfection and clearness, every point in Surgical Anatomy, and Operative Surgery, capable of illustration by this method. The plates are really very beautiful, and add incalculable value to the work.

We take great pleasure in inviting our friends engaged more or less in the practice of Surgery, to look at this work while seeking for guides in this responsible department of their profession.

As will be seen, it is published by Lippincott, Grambo & Co.

5.—*Homœopathy—an Examination of its Doctrines and Evidences.* By WORTHINGTON HOOKER, M. D. 12mo. pp. 146. New York: Chas. Scribner. 1851.

The above is the title of the "Fisk Fund Prize Dissertation of the Rhode Island Medical Society," for which fifty dollars was awarded.

Notwithstanding the transparency of this *humbug* system of quackery, to men of common sense, and particularly to physicians; yet, as its popularity is almost world-wide—having conquered a wider field in the realms of therapeutics than any other system of empiricism has ever done, it is well, perhaps, to bestow upon it sufficient consideration to meet, *impromptu*, its fallacies and absurdities, whenever presented by persons open to the convictions of truth. *All* physicians do not know what Homœopathy is; and, consequently, at times they may become partially confounded at some of its learned nonsense, or "folly in wisdom hatched," if presented by an adroit impostor of this sect. We do not deem it proper to wage a regular warfare against Homœopathy, nor any other species of systematized and sugar-coated knavery, any more than we would recommend the organization of an army which should engage in blowing, with all its energies, its breath, against a sirocco that devastates the land. But we would advise physicians to make themselves acquainted with its history and all its leading doctrines—as sickening as the task may be—partly as a matter of curiosity to know what some men are capable of *swallowing*, but mainly for the purpose of enlightening those unwittingly the dupes of designing swindlers.

The work of Dr. Hooker is written in popular style; it will form a good text-book on the subject, and is decidedly the best exposition of

Hahnemanism now before the public. Those who are willing to spend a few shillings and as many hours in order to learn the history of Hahneman, the origin and history of his new system of therapeutics, the quintessence of his doctrines, and how they look before the mirror of truth, cannot do better than to purchase and read this little work. However little good may be accomplished by this triumphant refutation, we still would commend it to the favorable consideration of all.

PART FIFTH.

EDITORIAL AND MISCELLANY.

The National Medical Association.

This body of *Savans* will hold its next session at Richmond, Virginia, and will commence its deliberations on the 4th instant. The organization of this Association was an important event and formed an era in the history of the American Medical Profession. One of the professed great objects to be attained by this Association, was the elevation of our professional standard. It was urged by its early friends and instigators, that our noble and once honored profession was embarrassed in its operations; and, by a variety of influences, it had become over-crowded, degraded, and every where spoken against; that by radical and blameworthy defects, in its system of education, economy and ethics, it had become overrun by various vile systems of quackery from without, and rent by discord and dissensions within. It was proposed to form a national organization, by which a complete *revolution* should be brought about. Of course, in the estimation of the propagators of this scheme, every thing was wrong and out of joint, and that, consequently "something must be done." In the first place, the *naughty schools*, the principal objects at which these restless spirits aimed, must be either *regulated* or else overwhelmed and annihilated by thunderbolts from this National *Vatican*. The National Association would teach the Schools, whose faculties were generally made up of incompetent men, by a

“higher law,” that they must no longer manufacture their multitudes of *titled dunces*, to be “let loose upon the land.” The sessions were, besides, too short. A thorough course of instruction could not be given in four months; therefore they must be extended to five or six months, and reduce the number of lectures *per diem*. By this arrangement, the *cramming* process would be obviated. Young men would be more thoroughly educated and trained, and thus the general good would be subserved, and quackery especially would be *killed out*. Many other things were to be done, and desirable objects attained, which we have not time nor space to mention.

Now all these things look exceedingly fair upon paper, and they doubtless had their influence in moving the American Medical Profession to form its present organization. But what are the results? Why, mainly, “since the fathers of this movement fell asleep, all things remain as they were from the beginning.” True, some of the schools under the recommendation of the National Association, extended their terms, some to four and a half, and others to five months, while a vast majority still limit their regular sessions to four months. We have had an opportunity of *knowing* that some of the Schools which extended their terms, regret the step very much, and would now, if they could honorably, reduce them to the original period of four months. However beautiful and rational and *necessary* it may be made to appear in theory, the extension of the lecture session to five or six months, in this country, at the present time, is *impracticable*, and *cannot be done*. The reasons are numerous and obvious, but we cannot now enumerate them. The profession begins to see its impracticability, and the Association has already ceased to belabor the schools for non-conformity to these unreasonable demands.

But we are far from depreciating the salutary influences which the National Association exerts upon the profession and the interests of humanity. We are of the opinion that incalculable good has been accomplished by its vast contributions to medical science, and by diffusing a spirit of inquiry among medical men all over the land. It has indeed done much (not as proposed originally, to be sure) to elevate the standard of medical education and to improve the profession every way, not by laws or coercive measures, but by a high and holy example, worthy of honor and imitation. It has emphatically *led*, not *driven*, the profession into higher spheres of usefulness; and, by its onward and upward progress, the humbler and less favored

members of the profession, too often the objects of the bitterest denunciation and scandal, have been effectually beckoned onward in the same direction. Whatever disappointed aspirants and sore-headed grumblers may say to the contrary, the *Medical Profession is RISING*, and we glory in the thought.

But some of our professional brethren are inconsiderate enough to believe that the prevalence of quackery is due to dereliction on the part of the profession, and hence they propose a thousand methods for its extermination. We believe there can be no greater mistake—as well might we, by sanitary measures, exterminate the Cholera, Scarlatina, the venereal diseases, the Itch, or any other foul affection which is liable to invade our physical structures.

Quackery is a hydra-headed, hybrid monster, which always has, and always will charm, lure and seduce those who have a morbid appetite for the miraculous—for transcendental, impracticable nonsense. A large share of the human family *will be humbugged*. “As the hart panteth after the water-brook, even so their souls pant after some kind of spirituality which they can not understand.” Let Lord Bacon or Sir Isaac Newton arise from the dead and talk to them of the fundamental and common sense principles of Medicine, or any thing else, and would they be convinced? By no means! The love of quackery is a delusion, and lies too deep in the mental constitution of some men to be cured; and we are confident that all the artillery which the profession can bring to bear to demolish it, will only serve to fan its flames, and to drive men and women into its devouring elements.

The American Medical Association, yet in its infancy, has already become an institution of no ordinary power and influence. In its polity and plan of operations, there are doubtless many defects; some of them will prove sources of embarrassment to itself, and dissatisfaction on the part of aggrieved members. These will be detected in the course of time and remedied as speedily as practicable. Should this great organization be prostituted by designing men, to purposes of personal aggrandizement, or to favoritism of any kind, the shafts of all honest and honorable men will be directed against it, and by them its iniquities will be exposed, and its excrescences eradicated. Dr. Samuel Jackson of Philadelphia, has recently made an open attack upon the Association. He professes to expose its corruptions, and to portray its intrinsic and constitutional defects in such unequivocal and menacing language, that its warmest friends

begin to suspect all is not right. Under the influence of such burning criticisms, its officary will be likely to manage its interests more cautiously and wisely, and the highest good of all concerned will be promoted.

INFIRMARY FOR INVALIDS.—It may not be improper to say to our friends and the profession, so far as we are known, that, as persons afflicted with chronic diseases, mainly of a surgical character, and particularly with diseases of the eyes, have been for several years in the habit of resorting to us for operations and surgical treatment, we have concluded to fit up and appropriate a commodious building for the reception and accommodation of those who may hereafter apply to us from abroad for professional service. Hitherto, our patients of this class have been greatly embarrassed in the application of successful means of cure, for the reason that they have been compelled to find lodgings and nursing in public and private houses, not at all suited to their accommodation. Our building and our rooms are now in readiness, and we invite the attention of physicians to the fact. Should obstinate cases of disease of the eye or ear, disease of the bones or joints, disease of the skin, or any other surgical affection which proves intractable or unusually obstinate, come under their observation, we shall be obliged to them should they think proper to direct them to our care. In cases not incurable, we hope to be of service, and to render satisfaction both to professional friends and patients. Every attention will be paid to children as well as adults, and nothing shall be omitted which will redound to their comfort or recovery.

MEASLES.—Notwithstanding the severity of our winter and the inclemency of the spring that has just passed, the people have, with one exception, enjoyed an immunity from any scourge in the form of epidemic disease. Within the memory of our older inhabitants, the measles have never perhaps prevailed so extensively in Ohio as during the current winter and spring. They were decidedly *epidemic*, lighting down upon whole families and upon individuals, irrespective of age, sex, condition or exposure to the disease. We attended one family of fourteen persons, thirteen of whom, with the

mother, aged nearly sixty, in the midst, were all prostrated together, and together convalesced—the father only escaping “by the skin of his teeth.”

A vast number required professional aid to control morbid excitement and pulmonary implication. Few cases proved decidedly obstinate, and fewer still terminated fatally. The great majority required no active medicine ; but a very respectable proportion of the latter class were treated with “saffron tea ;” not always by any means that kind of saffron which comes under the head of “Roots and Yarbs,” but that *sovereign remedy* which costs no more than a daily walk to the sheep pasture. How long-suffering must be that stomach which can forgive the administrator of *such a specific* !! The disease is now subsiding, and we trust, as the Cholera has expended its virus and completed its devastations, our country, during the approaching season, may be exempt from any similar visitation of Divine Providence.

The following is now a law regulating the sale of Poisons in the State of Ohio. It was introduced by our friend, Dr. Vattier, of Cincinnati.—ED.

“An Act Regulating the sale of Poisons.

“SEC. 1. *Be it enacted by the General Assembly of the State of Ohio,* That it shall not hereafter be lawful for any apothecary, druggist, or other person, in this State, to sell or give away any article belonging to the class of medicines, usually denominated poisons, except in compliance with the restrictions in this act.

SEC. 2. That every apothecary, druggist, or other person who shall sell or give away, except upon the prescription of a physician, any article or articles of medicine belonging to the class usually known as poisons, shall be required :

1st. To register in a book kept for that purpose, the name, age, sex, and color of the person obtaining such poison.

2d. The quantity sold.

3d. The purpose for which it is required.

4th. The day and date on which it was obtained.

5th. The name and place of abode of the person for whom the article is intended.

6th. To carefully mark the word "poison" upon the label or wrapper of each package.

7th. To neither sell nor give away any article of poison, to minors of either sex.

SEC. 3. That no apothecary, druggist, or other person, shall be permitted to sell or give away any quantity of arsenic less than one pound, without mixing either soot or indigo therewith, in the proportion of one ounce of soot or half an ounce of indigo, to the pound of arsenic.

SEC. 4. That any persons offending against the provisions of this act, shall be deemed guilty of a misdemeanor ; and, upon conviction thereof, shall be fined in any sum not less than twenty, nor more than two hundred dollars, at the discretion of any court of competent jurisdiction.

SEC. 5. This act to take effect and be in force from and after its passage."

NEW YORK MEDICAL GAZETTE.—We clip the following from the pages of that Journal :

"Dr. Howard, in a recent editorial, has taken exceptions to the endorsement of Dr. Wood's late pamphlet, by the Faculty at Buffalo, and publishes in his last number a reply and defence, to which we give place, written, as it will be seen, by one of the Professors. In a rejoinder, which accompanies the letter, Dr. Howard shows that his opinions of the demerits of the publication in dispute remain unchanged. Our readers will form their own opinions ; but in our judgment Professor Lee has done himself credit, by his correspondence, which contains more truth than poetry."

Here the letter of Prof. Lee is inserted entire, but our rejoinder is omitted. How are the readers of the Gazette to form their own opinions on the matter, without hearing both sides ? Is this a specimen of Dr. Reese's impartiality and independence ?

OVARIOTOMY.—A table of all the known operations of ovariectomy from 1701 to 1851, comprising 222 cases, including their Synoptical History and Analysis, By WASHINGTON L. ATLEE, M. D., of Phil-

adelphia, has been sent us in pamphlet form. Much labor has been spent in tabularizing these cases, and Prof. Atlee has richly earned the gratitude of the entire profession by accomplishing so perfectly this arduous task. The reader can see at a glance all the important facts connected with the operations of ovariectomy, which have ever been published. In 225 cases, Prof. Atlee has operated 17 times himself.

The value of this statistical document has been materially augmented by the report of our friend and fellow-citizen, Dr. P. J. Buckner, whose exploits in Ovarian Surgery have already placed him among the most bold and judicious operators of the age.

SOUTHERN PROFESSIONAL CONTROVERSIES.—We have been, for some time past, not a little annoyed by the reception of certain pamphlets, circulars, &c. &c., from some of our medical brethren of the Southern States, who it seems have got at loggerheads about certain matters which interest them, vastly more than they do the rest of mankind. The original misunderstanding seems to have sprung up between a Dr. Robertson and a Dr. Ramsay, both of whom, we believe, reside in the "Nation of South Carolina." Letters were written by these gentlemen to each other, couched in language, at least upon *one* side, unfit to be addressed to *gentlemen*. These were followed by anonymous letters addressed to distinguished members of the profession, and to the profession at large, setting forth the extraordinary talents and rare accomplishments of Dr. Ramsay, and consigning to eternal obloquy—to "blackness of darkness"—all those who did not appreciate his merits. All these papers were printed and sent to us, and probably to every Medical Journal in the land, for purposes better known to themselves than to us. Much that was written by these persons, was exceedingly disreputable to the parties concerned; and we are surprized that such unkind and ungentlemanly personalities should be sent to us for editorial notice. We feel that we should deserve a severe rebuke from our readers, should we introduce to their notice such unprofitable controversies, through the medium of what professed to be a Scientific Journal. We allude to the matter now, only for the purpose of expressing our disgust at the publicity of such disreputable quarrels, and to request our Southern neighbors, for their own sakes as well as ours, that they refrain from sending to our address communications of a similar character.

NEW ORLEANS MONTHLY MEDICAL REGISTER.—This is the title of a new Medical Journal recently started in New Orleans, under the editorial management of A. Foster Axson, M. D. Each number of the Register contains twelve pages of reading matter, and is published for one dollar a year in advance. Thus far the editor has succeeded admirably in making his Journal interesting and instructive. We have looked over its pages, and find a fair proportion of original matter, accompanied by selections of the most practical and important character. We welcome Dr. Axson into the editorial fraternity, and place, with pleasure, his Register upon our exchange list.

GRADUATING CLASS OF STARLING MEDICAL COLLEGE.—The following is a list of the names of those who graduated at the close of the last session, in our Institution :

LIST OF GRADUATES. 1851—'52.

John T. Clark,	Daniel C. Rathburn,
Anson Hurd,	James C. Rathburn,
Joshua Swayne,	John R. Philson,
Saml. McBride,	Jno. N. Lindley,
Rufus A. Dwyer,	Stephen Hathaway,
Corrin Bardwell Hall,	Jacob L. Sorber,
Joseph Rathburn,	Lewis E. Haworth,
S. H. Harrington,	Adam R. Anderson,
W. S. Scott,	Charles L. Chambers,
Vincent Haynes,	David L. Crist,
A. C. Rankin,	Orville Johnson,
William Jackson,	David W. Henderson,
Frank Brooks,	John Kern,
Jesse D. Wortman,	Wm. L. Battles,
Willard Parker Naramore,	Wm. H. Heath,
Z. F. Guerin,	Wm. Scott Paul,
Israel A. Coons,	John McKinley,
Homer C. Shaw,	John Y. Ditzler,
F. M. Black,	Smith Branson,
Wm. L. McMillen,	E. Owen,
G. W. Stevinson,	Pardon Cooke,
Lafayette Woodruff,	T. E. Miner,
Alfour Waid Marsh,	R. H. Tipton,
T. C. Tipton,	Charles F. Thomas.

The Honorary Graduates were—

Dr. John Shertgen, of Stark County,

Dr. Thos. C. Shreve, do. do.

Dr. Alvin Belderoy, of Portage County,

Dr. M. C. Williams, of Hamilton do.

Dr. J. B. Ackley, of Meigs do.

Dr. M. Troup, do. do.

Dr. Robt. P. Judkins, of Highland do.

Dr. Rathburn, Meigs County.

TREATMENT OF LUNATICS IN SYRIA.—The insane fare badly in Turkey, but rather worse in Syria. The current theory is, that they are possessed of devils, and priests alone are supposed to be the proper persons to dislodge them. In the neighborhood of Beyrout there is a convent in the mountains, wildly poised among the rocks and overhanging a terrific gorge, in which the Maronites maintain a very mysterious power over their fraternity; and this is even felt among the Musselmen. When a case of lunacy occurs, the most pious Moslem connected with a mosque exerts his powers, which are accompanied with blows without stint. A young man from Beyrout was driven from bad to worse by the cruelties of these inhuman and blind leaders of the blind, who struck him over the mouth with a shoe, whenever he uttered a syllable. They succeeded in overawing the unfortunate wretch, whenever a shoe was held up, and therefore reported him cured. The moment he was removed, his paroxysms of incoherent mutterings came on again, and the last resource was to send him to the Monks of St. Antonio. A gentleman who lately visited the convent, was shown a heart-sickening case of insanity under singular treatment. They had lowered the patient into the well, where they could command him from above, without the patient being able to resist or protect himself. It was generally admitted that flagellation was often practised. No one dared utter a note of complaint when the old hypocrites were present. Their fame has been spread extensively, and it is believed that under their treatment, devils are obliged to take to their heels, when all other exorcisms fail. The people, generally appear kindly disposed towards insane persons, and by charitable contributions, from day to day, have they been fed, when all resources from relatives have failed. *Boston Med. and Surg. Journal.*

SIR EDWARD SUGDEN, *Lord Chancellor of Ireland*.—It is reported of him, that he visited, somewhat by surprise, a lunatic asylum in the neighborhood of Dublin, to satisfy himself as to its condition. A hasty notification of his visit is said to have got there just before his arrival, but one a good deal colored by the waggish propensities of the sender, (whoever he was,) and the head of the establishment chancing to be absent, the notification, in all its coloring, was accepted as truth, and so acted upon by the subordinate official.

In consequence, Sir Edward is said to have found himself somewhat unceremoniously treated, while awaiting in the parlor the return of the proprietor; and when his patience had become exhausted, and he signified his intention of going over the establishment without delay, he was struck aghast by being informed by the attendant that he could not be allowed to do it.

"Can't be allowed to do it! What do you mean, fellow?" asked the indignant Chancellor.

"I mean just what I say, then. You *can't* go; so you may as well be quiet."

"What do mean by this insolence? Open the door, Sir, and shew me to my carriage. I shall report your conduct, and if your master does not punish you, I shall take steps to make both of you respect my authority."

"Oh, be *asy* now with your authority; keep quiet, I tell you. *Devil a foot* you'll stir out of this, till the *Docthur* comes back, and puts you where you want to be sadly."

"What's the meaning of all this? Don't you know who I am, fellow, or are you mad?"

"Oh, faith, there's one of us mad sure enough. Troth, I know you very well, if that's all that's troubling you."

"You can't know me, or you would'nt thus behave to me. I am the Lord Chancellor of Ireland."

"Lord Chancellor? Well, sure, you're welcome home to us. *We have three or four Lord Chancellors here already.*"

And the story goes, that Sir Edward had to submit until the return of the proprietor and manager of the asylum, an hour or two later, when, with some difficulty, he established his identity and *sanity*, and was once more a free man.

"I know not how the case may be,
"I tell the tale as 'twas told to me."

—*John O'Connell's Recollections and Experiences, during a Parliamentary Career.*—*American Journal of Insanity.*

Curious Discovery—Importance of the Microscope.

In making a grave last month, in Greenhill churchyard, Litchfield, for the remains of Mr. Henry Cato, of this city, the workmen discovered a small portion of a very much decayed elm coffin, and strange to say, an old fashioned Dutch quart bottle, which lay rather below the middle of the grave. Perceiving that the Dutchman was full of liquid, they tapped him by drawing the cork, and were immediately made sensible of a strong smell issuing from the disturbed "spirit." The nature of the liquid when poured out was a puzzle; some of the bystanders considering it to have been port wine; some thinking that it was porter; and some that it was cat-sup, on account of its smell and color; but others maintained that it must have been of a much stronger nature than any of these things. As the executor, Mr. Harris, happened to arrive just at this juncture, he took the bottle to his neighbor, Dr. Rawson, for the purpose of endeavoring to solve this mystery. This gentleman, accordingly lost no time in repairing to the grave, where, having washed and examined its few remaining bones, he found them to have been those of a middle aged man, above the average height; the skull indicating that when the bones were not marrowless, they formed the framework of a person of no ordinary character. In general shape, the cranium was remarkably globular, and yet without entering into details, it may be stated that the right frontal and left parietal bones projected considerably more than those of the opposite sides respectively. The right parietal bone, moreover, had suffered from disease. It was soon ascertained that the fluid just discovered was highly charged with ammonia, and hence the great probability, though not absolute certainty, of its having been an animal secretion, and probably urine, either colored by blood or some other agent. But after various experiments and researches, Mr. Morgan of Litchfield, by means of his powerful microscope, set the matter at rest; this instrument showing a salt peculiar to the secretion just named. The very beautiful specimen which he at length succeeded in obtaining, is that known as follicaceous crystals of basic salt; a "variety which cannot generally be regarded in any other light than as a secondary product of urine taking place out of the body," and this slowly. So high an authority as Dr. Golding Bird acknowledged that the salt is very difficult of detection; and that consequently it often "escapes notice altogether." The soil of the grave in which the fragments of the

coffin and bottle were found, is a loam retentive of moisture ; but Mr. Harris has lately ascertained that in the immediately adjoining graves, made in the year 1828 and 1829, the coffins are in a perfect state of preservation. The small remnant of the coffin, therefore, which contained the bottle, must have lain in the earth for a considerable time—probably for more than a century.—*London Lancet.*

INTERESTING CASE.—The subject of the present memoranda, (Maria D——,) was, in the early part of last year, married to a young man in the county of Roscommon, Ireland ; she being at the time resident with a family in the neighborhood. Two or three months after marriage, she afforded symptoms of gestation. About this time a practical joke was played on her by a waggish friend, who, by way of working on her fears, threw at her a newly killed hare. She was of rather a nervous and excitable temperment, and became so firmly impressed with the idea that the yet unborn offspring would be injured by the transaction, that she sunk for a time into a sort of hypochondriac state. Her temper, which, previous to the event, had been very easily aroused, now became particularly combustible, more especially towards the practiser of the experiment. Her monomania also took an extraordinary turn, in the shape of a rooted antipathy towards dogs—in particular, a white terrier and brown spaniel belonging to the house. It was with the greatest difficulty that she could be restrained within bounds whenever these dogs made their appearance. This may in some degree be accounted for by the fact of the animals in question being owned by the author of her present imbecile state. She by degrees calmed down, and in the middle of last month was safely delivered of a female child, which, extraordinary to say, was impressed on the temple by the outline of a *miniature hare*. This remarkable appearance is most distinctly developed, its situation being slightly over the left eye. The length of the object is about two inches ; but in all probability it will increase as the head of the child becomes more enlarged. Its color is not very deep, but is quite readily distinguishable from the skin, while the outline of the form is an exact miniature representation of nature, to the minutest particulars. Up to this time both mother and child are doing well.—*Ibid.*

The Microscope as a means of Diagnosis.

One occasionally hears the question asked—"Have you any faith in the microscope?"—and asked, too, in such a spirit as to convey the answer in the question. This expression of doubt as to the value of this inestimable instrument, has, in a great measure arisen from confounding the statement of the facts observed with the conclusions drawn from them by the observer. A microscope, such as can now be had for a very reasonable sum, cannot err. It may not be able to reveal all that may be essential to minute structure; but it cannot add anything of itself to that which is placed beneath it for examination. The microscope is to the eyes of ordinary observers what a pair of spectacles is to the eyes of the short-sighted. Both individuals are enabled to see that which is invisible to the unassisted vision. It is when the observer begins to interpret, that error commences; and it is to him, and not to his instrument, that the question as to faith applies. Well, then does it become those who seek to make use of the microscope—and who can now-a-days do well without it?—to endeavor to render themselves competent interpreters of what they see, and until the accomplishment is obtained, to confine themselves to a description of facts.—*London Lancet.*

Professor Henderson and Homœopathy.

Professor Simpson narrated, at a late meeting of the Medico-Chirurgical Society of Edinburgh, the following amusing account of the conversion of Dr. Henderson to Homœopathy:

"Some eight or ten years ago, an old schoolmate of Dr. Simpson, having begun business as a homœopathic druggist in Liverpool, kindly sent Dr. S. a present of a small box of Homœopathic medicines; and a very beautiful painted box it was. During the time it was in Dr. S.'s possession, he put it only to one use, viz: he gave it as an occasional plaything to his eldest son, who was then a child. The boy, revelling in his permitted amount of mischief, used in his sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass. Of course, this had speedily the effect of altering and disarranging the contents of the entire liliputian drug shop; the globules pertaining to the different bottles were more or less thoroughly mixed together; and some-

times when the child was tired of his occupation, others at last refilled the bottles from the general heap. A professional brother happening to call at Dr. S.'s house one day when Dr. S. was absent from home, saw the box, and put it in his pocket. Many weeks afterward, the new proprietor of the box met Dr. S., and told him that he had been trying to practice homœopathically, at which Dr. S. expressed his regret; and he added that he had seen some wonderful effects and cures from using the drugs contained in Dr. S.'s own former homœopathic box! Wrongly, perhaps, as Dr. S. now thinks, he did not at the time, tell his physician that the globules of the bottles which he had been using were elaborately commixed; but the whole struck him as so good a joke at the moment, that he thought he would reserve it to bring it out upon his friend on some future and more ripe occasion, for the purpose of laughing him out of his homœopathic delusion. But, unfortunately, matters hastened rapidly on, the physician became more and more a homœopathist, and then it became too serious a matter to joke about, when he actually published a list of supposed homœopathic cures. The whole thing assumed so grave an aspect, that he never mentioned it until the physician who had appropriated the box, had become far too hardened in his homœopathic practices to allow of any hope of his reconversion.

“Mr. Syme begged to ask who the practitioner was that had been converted to homœopathy, by watching the effects of the globules contained in Dr. Simpson's mixed homœopathic drug-box; and he hoped for the sake of the profession in Edinburgh, Dr. S. would have no objections to mentioning the practitioner's name.

“Dr. Simpson said that the practitioner alluded to was Prof. Henderson.”—*Edinburgh Medical Journal*.

POLYPUS OF LARYNX. By Prof. W. PARKER.—In reviewing this subject, we conclude that polypus of the larynx presents the most decided indications for the performance of bronchotomy. The disease is entirely local, and involves no constant local or general condition which can forbid the operation. If resorted to as a palliative measure, it would involve the necessity of the respiration being carried on afterwards, through the artificial opening. But to M. Ehrman belongs the honor of having first effected a radical cure by ablation of the offending growth through an external incision;

an operation which the illustrious Stromeier, President of the Scientific Congress, which assembled at Aix la Chapelle, in 1847, declared to be one of the most brilliant achievements in modern surgery. Much of the success in this case, is attributed by the operator to the circumstance that the patient was allowed to recover from the depression of the first part of the operation, before it was completed. We recommend this operation as indicated by the nature of the case, especially when the polypus has a pedical, and by the success which has attended its first performance.—*New York Med. Journal.*

OBITUARY.

Died at Canton, Stark County, Ohio, on the 2d of April, Robert Estep, M. D., æt. 50 years, after a short illness of 48 hours.

Dr. Estep, for a long series of years, enjoyed enviable professional reputation, and has for the last quarter of a century been an indefatigable and successful practitioner of Medicine and Surgery. He performed the Cæsarian operation twice upon the same subject, with much credit to himself; the patient each time recovering speedily; but, some four years after, fell a victim to rupture of the uterus, which occurred in the cicatrix, during labor throes.

Some two months since, Dr. Estep had been attending several cases of disease, very obscure in their character, and as fatal as they were obscure. All the cases he treated died in from 30 hours after the attack to 4 or 5 days. The peculiar seat of morbid action was in the cerebro-spinal axis or meninges. Dr. Estep, in relating the disease to me, viewed it as a highly malignant type of Congestive Typhus;—others as Cerebro-Spinal Meningitis. Dr. Estep first complained on Wednesday evening, on Thursday evening he grew rapidly worse. Death released him from his sufferings on Friday noon—his case presenting all the peculiar features of the disease above referred to.

Dr. Estep was the recipient of the honorary degree of M. D. from the Ohio Medical College, some sixteen or eighteen years since.—Thus another professional brother has fallen in the meridian of his usefulness, a victim of the fell destroyer, whose destructive march he was contending against and using every means to avert its fatality.

Respectfully, yours,

FRED. T. HURXTHAL.

THE OHIO
MEDICAL AND SURGICAL JOURNAL.

Vol. IV.

Columbus, July 1, 1852.

No. 6.

PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Democracy and the Doctors.* By R. H. PADDOCK, M. D.
Cheshire, Ct.

It is a commonly received opinion, that the old forms of government, being patriarchal in their character, and celestial in their origin, are favorable to the cultivation of the liberal arts and professions.

It is also just about as commonly supposed that democracy can appreciate only that which is of obvious practical utility, and affords little countenance or protection to amateurs in literature or art, or to those engaged in the practice of the learned professions. A single individual, as a king, or a single and comparatively small class of persons, as an aristocracy,—having had the best of instructors and the most ample facilities for the acquisition of all useful learning and elegant accomplishments,—must surely better understand, and more safely guard the interests of learning and the learned; must more readily detect, and more profoundly abhor, all schemes of quackery and imposture, and will more effectually crush them, at a blow, than can be expected of a whole people, of all conditions—whether of fortune or misfortune. On the other hand, the very notion of liberty implies the toleration of manifest evils, and opens the road to em-

inence in all that is hateful and degrading, as well as in all that is lovely and exalting.

Now we doctors see and feel so much of the *intolerable* impudence, conceit, and ignorance, of *tolerated* quacks, that we are sometimes tempted to abjure our own political creed, and go back to the hated and antiquated forms of absolutism—seeking, under the iron wand of despotism, protection for ourselves, and vengeance on swaggering charlatancy. But alas! in this day to whom shall we go? To the leagued tyrants of continental Europe? All the beauties of absolutism, *in the abstract*, celestial in origin, as it *might be*, tender and parental, as it *should be*,—vanish at a glance of these miscreant ministers of an angry God! But, upon a “second sober thought,” were despots less despotic, and tyranny even tolerable, we would not invoke its aid. Medical quackery has its cause and cure in something back of all forms of government; and, though sometimes not allowed to be practised openly, it nevertheless insinuates itself into all states, however ruled or misruled.

A very common and very erroneous notion in reference to the nature of disease, furnishes those who have more brass than brains, with an opportunity to mislead a multitude to their own hurt. It is something like this: Every malady is distinct in its nature; well characterized; of specific form, and requiring a specific mode of treatment.

The doctor is expected to recognize diseases as readily and as certainly as the naturalist does plants and animals, and to apply to each the specific remedy which nature has provided. According to this simple and beautiful theory the practice of medicine should be a very easy and satisfactory business, and the doctor should be certain death, not only “on fits,” but also on disease itself.

A good practical illustration of this notion is seen in that system of seething, spewing, and injecting, known as the Thomsonian. The semi-civilized discover of the wonderful secrets that heat is life and cold is death; that every substance should come out of the body through the same channel by which it enters it; and, that red pepper and lobelia, administered hot to both extremities of the body, will drive out the seeds of all disease, viz: cold and canker—commenced his original treatise on the healing art by advising all men to shun the lawyers, the doctors, and the ministers of religion. The remainder of his book is a worthy commentary on the text, and like Joe Smith’s Bible, finds those in every community, who are captivated by its vulgarity, and enlightened by its profound revelations.

There is something attractive, too, for a certain class of persons, in the operations of the Thomsonian doctor. His is no light duty—no easily earned reward! he throws off his coat, rolls up his sleeves, and swelters, for hours, over a steaming caldron of concocting boughs and herbs. The huge bowls of hot drinks, the bath frames covered with woolen blankets, and the red-hot, hissing stones, all show that something is to be done effectually, and that either the disease or the patient must yield before this formidable enginery.

Now it is neither the highest nor the lowest portion of our race in point of intelligence, that are imposed upon by such theory and practice. Those nations which have undergone the process of calcination and calcitration, through the wickedness of their rulers, till they can not, or dare not, aspire to think for themselves upon any subject, make the very best class of medical patients. They surrender their bodies to the legitimate doctors, and their souls to the lawful priests, to be healed of their respective maladies with an equally blind and unwavering faith in both. It is when the human mind has been released from the bondage of ignorance and oppression; when some straggling rays of light begin to fall, and it begins to put forth its early and uncertain efforts in speculative philosophy, that it embraces such crudities.

What wonder if, in the twilight of their mental illumination, when men have acquired just that "little learning," which is always a "dangerous thing," in speculating about doctoring themselves, as well as about governing themselves, and acting for themselves in every capacity—they should often adopt undigested schemes of corporeal, as well as of spiritual salvation? What wonder that their inexperienced ears should listen to the noisy quack, pasted all over with glaring certificates and lying advertisements?

Another form of medical imposture, more refined in its character, and perhaps quite as extensive in its influence as the preceding, owes its origin and advocacy to minds of a contemplative and visionary mould. These are found in the ranks of the most refined, intelligent and virtuous, and when controlled by a powerful judgment, as was that of Columbus, are often among the most distinguished of our race. Affluence and independence, or at least a condition in life exempt from the necessity for physical labor, are almost indispensable to the formation and cultivation of such a mental habit. The man who earns his daily bread by daily toil, has little time or inclination for day dreaming; while the student, the cultivators of science, art,

and the learned professions, are quite liable to fall into speculating and theorizing.

Even the despicable tyrant, who enchains the bodies and minds of the great mass of his subjects, will sometimes foster the spirit of speculative philosophy, or of devotion to the fine arts. He is willing to engross the minds of the contemplative with such topics as can have no practical influence to enlighten and elevate the people, and for this reason he has sometimes been hailed as the patron of all liberal learning.

The medical hallucinations of these transcendental philosophers, like all their ethereal lucubrations, are wonderfully exquisite and psuedo-logical. Their thread of ratiocination is microscopically attenuated, and their deductions are the doubly refined extract of nonsense..

At one time they inform us that a wet sheet, wrapped around the human body, will certainly absorb the active elements of any disease; while a little Croton water, introduced within the body is far more powerfully curative than Croton oil. At another time we are gravely told that any cause which can derange the delicate mechanism of the human system, is itself the proper means of cure; and hence a sledge hammer is a fit tool to mend a broken watch; and also that the less is more powerful than the greater, of the same kind; and hence that nothing at all is absolutely omnipotent.

Furthermore—if any man doubts the truth of these startling propositions, they can be verified by thousands of testimonials, and by actual experiment. This can not be said of the propositions of Euclid—so away with your mathematics, and give us the documents!

Doubtless there are other forms of medical imposture, dependent upon other peculiarities in the constitution and condition of the human mind. These it is not my present purpose to exhibit, but rather to infer from what has already been said, that the sources and the remedies of charlatantry, are not to be sought in the forms of government; or in legislative enactments. Doubtless these have an important influence in the determination of mental conditions and characteristics; but men cannot be cured of ignorance or insanity, nor can they be endowed with a truly enlightened understanding, and good practical common sense, by the force of law. All experience shows that neither our moral nor our physical maladies are likely to be better healed when under the care of the state than when left to the care and the conscience of the individual patients themselves.

Much then, as we are scandalized by the wide spread medical quackery of our time and country—much as we deplore its soils, abhor its impudence, and despise its flimsy sophistry—still, we shall do well to adhere to our democratic notions of government—giving the fool full liberty to preach folly, and his hearers abundant permission to trust in him.

What then? can no remedy, no alleviation be devised? Yes; let us follow the advice of the old Latin poet, and pray for “a sound mind in a sound body,” and let us accompany this prayer by such efforts as are suited to the fulfillment. Let all our States, and all our smaller communities adopt the well known and approved methods of general education; and let every species of useful information, practical, scientific, and professional, be as widely disseminated as possible. Let us also remember that, for this life at least, men have *bodies*, as well as *minds*, and that they sympathise so extensively with each other in their growth and development, disease and decay, that whatever measures are adopted for the spread of virtue and intelligence, as well as for the alleviation and cure of disease, should have an adaptation to both a physical and a mental constitution.

Great intellectual advancement might be realized through the same means that we employ for the improvement of the brute animals; but though we may not regulate or restrict the license to increase and multiply, yet one thing may and should be done in this direction. It is a fact as universal as it is lamentable, in this country, that our native, and more intelligent and attractive females are sadly debilitated and degenerated in bodily constitution; and I need not say that this must unavoidably work the deterioration of our whole people—first physiologically, then mentally and morally. Now a glance at the flood of emigration pouring into this country shows that this evil is artificial and may therefore be exterminated. Our own progenitors, on the other shore of the Atlantic, are comparatively exempt from it. Let us but adopt the better portion of their hygienic regimen, especially their custom of daily and prolonged exertion in the open air, and I doubt not that in a few generations we shall see more healthy mothers and fewer scrofulous children. This reform would be an important auxiliary in the great work of popular education and elevation, the only radical cure, not only for quackery, but also for all our ills—whether physical, mental, social, or moral.

ART. II.—*An Extract from an Essay on Empirics and Empiricism—*

Read before the Ross County Medical Society, at its Annual Meeting, April 27th, 1852. By J. W. BAIRD, M. D.

To promote the honor and usefulness of the Medical Profession, should be the study and aim of every medical man. Prominent among the means for the accomplishment of this desired object, harmony and fraternity among its members is of the utmost importance. Not only for the purpose of maintaining its honor and usefulness, is this necessary, but also for the purpose of sustaining it against the numerous assaults of the audacious empirics which menace it on every hand. There is a captious, jealous, envious spirit, but too prevalent amongst the members of the profession, which ought not to exist in a liberal and learned profession like ours. There are but too many physicians who are in the habit of looking upon all the rest of the profession as a set of mercenary, unprincipled rivals, capable of descending to any and every species of meanness, for the purpose of sustaining their own interests ; and, on the ground of these ungenerous suspicions, they plead justification in resorting to every dishonorable means themselves for the purpose of injuring or circumventing those of their professional brethren, who may be so unfortunate as to occupy the position of competitors with them.

The profession is shamefully scandalized, *deeply disgraced*, by such a spirit and such procedure.

The class of individuals here alluded to, feel themselves authorized to, or at least *do* resort to every species of intrigue and underhanded cunning, for the purpose of circumventing a competitor and of blasting his reputation. No stoop is too low, no artifice too mean and contemptible for them to resort to, for the purpose of accomplishing their selfish and dishonorable ends. It appears not to be their aim to study to be useful and honorable in their calling, and to rise upon a substantial basis of merit ; but the height of their ambition is to pull down to their own degraded level all who, by their superior merits, and their honorable and upright deportment, may have risen above them in the confidence and esteem of their fellow-citizens. Such individuals, instead of being incited by a spirit of emulation, by the exemplary skill and deportment of their compeers, are stimulated by their low, invidious, sordid spirits, to seek every opportunity of beslavering with their forked tongues, and of wounding by their envenomed fangs, the character and reputation of those whose virtues

they should rather try to imitate. A favorite policy with them is to *supplant* their competitors in as many *cases* as possible ; and, to accomplish this, will resort to every underhanded measure. They seek opportunities of throwing themselves into the way of their competitors' cases ; and, by inuendo and insinuations, will endeavor to poison the minds of the patient and his friends against the physician in attendance, and to destroy their confidence in his skill. The treatment they insinuate is not just the best that might be adopted, the remedies not well calculated to meet the exigency of the case, or are radically wrong and productive of serious injury. Or perhaps the *treatment* may not be directly assailed, but the attendant's views of the case, as to diagnosis, pathology, &c., are erroneous, and the patient will die unless there in a change in views and treatment. Perhaps he will insinuate that the physician in attendance has not had so much experience in the treatment of disease as himself, or that he has been very unfortunate in the treatment of former cases of the same kind ; whereas he, the honorable *plaintiff*, has been *very* UNUSUALLY successful—perhaps never lost a case—or but one or two out of the vast multitudes he has treated, notwithstanding many of them were exceedingly unpromising and desperate. But if he is successful in forcing himself into employment in the case, and it should happen to prove intractable on his hands, and the patient die, as they often do in such cases, “Oh !” he exclaims, in a tone of pious anguish, “if I had only been called a little sooner, I could have saved him ; but alas ! alas ! it is too late :” And the devoted doctor whom he had supplanted, and under whose care the case was, perhaps, doing well enough, has to take all the censure and reproach which his ignoble assailant can heap upon him. It is also often the case, that the friends of the unfortunate defunct are cajoled into the commission of the flagrant injustice in joining in with the unprincipled traducer in his shameless slander. Shame, shame upon such practitioners, (they do not merit the name of physicians,) they are a disgrace, a foul blotch upon the fair escutcheon of our noble but deeply injured profession. Another favorite stratagem with such men is, to disparage the case of their competitors, as being trifling and insignificant, while they represent their own as being always of the most desperate character, requiring the most consummate skill to carry them through. We generally hear them representing their cases as almost or quite hopeless, (when the case is *really* of the most trivial character,) that nothing much short of a miracle can save

them. But, ultimately, the case recovers *in despite of his skill*, and the humble doctor imbibes, like a sponge, the glory of a most miraculous cure, and the grateful and admiring friends of the *rescued* man chime in “a miracle,” a “wonderful cure,” “snatched from the very jaws of death by his peerless skill,” and the whole community is vocal with his praise. A wonderful *recovery*, it may have been, not from the disease, but from the *effect of his remedies*.

When these gentlemen really do get a hard case of disease, they sing the *variations* of the song—of course a desperate case in the first place—almost hopeless ; but they soon begin to represent the patient as a little better ; then they begin to have some hope of him ; then he becomes decidedly better, and in a fair way of recovery—perhaps fully convalescent ; and thus they carry the case along in the imagination of the surrounding friends, until the case becomes so obviously worse, that the deception can be no longer practised with impunity, even upon his blinded admirers, without detection and exposure, when a new expedient must be resorted to:—unexpectedly the patient becomes alarmingly worse, and the doctor begins to be overwhelmed with surprise and chagrin ; but he soon ascertains that the patient has been guilty of some imprudence, or the nurse has committed some error, some deleterious change has occurred in the weather, or some other untoward circumstance has occurred which has thus produced an unexpected and irretrievable change, *relapse*, (for such he calls it,) rendering nugatory all the sterling skill and anxious labor of the bereaved doctor and the unhappy patient dies. But no fault of the doctor’s ! Oh, no ! The poor defunct, or the unfaithful nurse, or the treacherous weather has all the blame to bear, and the doctor laments that his matchless skill could not have been seconded by more propitious circumstances, and the dear deluded people, through sympathy, only praise him the more.

This, gentlemen, is no fancy sketch ; for I have, in my experience, encountered just such practitioners as I have attempted to portray. Quacks and empirics, of whatever name or denomination, are generally of this class, and there are but too many such dishonorable men in our profession, though, thank God, they are very far from constituting the majority ; and I have no doubt there are many physicians who have never encountered such competitors, and perhaps will be sceptical as to their existence. May they ever remain so. Such quacks (for they are quacks of the basest order) deserve not the companionship of honorable medical men ; but deserve to be dis-

countenanced and indignantly spurned wherever met. Our National Medical Association has given the profession an excellent code of ethics, which every honorable physician can and should subscribe to, and which should in all cases govern him in his intercourse with his professional brethren.

They require no sacrifices, no degrading concessions—nothing incompatible with dignity, honor and usefulness, but are eminently conservative of all these principles. If every physician faithfully observed these rules, our profession would occupy a dignified and honorable position before the world, and would be a delightful pursuit to its members. Instead of contention and strife, distracting and paralyzing our efforts, we could go on *unitedly*, as a band of brothers, in doing good, and thus enhance immeasurably our usefulness, and at the same time cause our profession to be honored and admired by *all* professions, by the *whole world*, “and the rest of mankind.”

PART SECOND.

AMERICAN INTELLIGENCE.

Inasmuch as but few articles have ever been published in this Journal on the subject of Anæsthesia, we propose to place before our readers the following discussion upon its merits by the physicians of Philadelphia. We beg leave, however, here to dissent from the conclusions of Drs. Condie and others, who object to its employment except in extreme cases. There seems to be, on this subject at least, a good deal of *hunkerism* in the Philadelphia profession; and, if we are not mistaken, all the arguments advanced against Anæsthesia, may be urged with equal propriety against railroads, steamboats, &c., as means of travel and transportation. We wish, however, our readers to consider the *Cons* as well as the *pros* in the case, and draw their own conclusions.—Ed.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DISCUSSION ON ANÆSTHESIA.

(Reported for the Medical Examiner.)

DR. PARRISH requested that Dr. Patterson would give to the Society the result of his observation on the use of Anæsthetics in Europe, he having lately returned from a visit to that country.

DR. H. S. PATTERSON said that he should have much preferred to hear a continuation of the discussion of the previous meeting by the gentlemen who so ably participated in it. He was unfortunately

not present at that meeting, but he had read the report of its proceedings with much interest and instruction. But, being thus publicly challenged by Dr. Parrish to speak on the subject, he felt it his duty to contribute his mite to the discussion. He had until recently felt, as the great body of the profession in Philadelphia feel, in regard to the anæsthetics. His position had been that of doubt, of distrust, and avoidance of them as a dangerous innovation. These agents came to us in a very questionable shape originally. When the first report of anæsthesia in surgery reached us from Boston, it came, not only startling us by its novelty and the magnitude of the change in practice it contemplated, but also shocking us by its violation of our ethical notions and the savor of empiricism that hung about it. The new agent had a new, high-sounding and unscientific name, and there were rumors of a patent-right to be secured to its discoverers. But when it was shown to be plain sulphuric ether, which any chemist could manufacture and any practitioner administer—when the name of Letheon disappeared, and the letters-patent were no longer heard of—especially when indisputable evidence of its power and utility reached us, we should have given the subject a more favorable reception and examination than we have done. But the mass of resistance to the use of anæsthetics, has been more obstinate and impregnable here than any where else in Christendom ; and our hospital—alone amongst great hospitals—has never permitted their employment even in the most painful operations. Participating in these feelings, and never having administered either chloroform or ether in his practice, Dr. P. visited Europe during the past summer, and one of the objects he proposed to himself was to obtain, if possible, more light upon this much mooted question.

In Edinburgh he had the opportunity of seeing and hearing a great deal of the use of chloroform, and it was in regard to the experience of that city that he desired mainly to speak. The undeniable and most important fact is, that in Edinburgh, where chloroform has been used with a degree of freedom, and with a frequency and extent elsewhere unknown, not a single unpleasant circumstance has attended its administration. Every obstetrician, surgeon and dentist in that capital uses it, without exception. Every teacher of obstetrics advises its employment, and gives it to his patients in labor, some in all cases and others only in cases of unusual duration and severity. No surgeon thinks of performing a serious or painful operation, one likely to be attended with great suffering or severe shock, without bringing his patient under its influence. Thousands of patients have

inhaled it to full anæsthesia; the chemists manufacture and sell it daily in large quantities; and no one has been injured or even made ill by it. There does not remain a practitioner in Edinburgh opposed to its use. An infinite amount of pain has been relieved, great suffering has been prevented, the dread of operation has been in a great measure removed, and no harm has been done to a single individual. There is no denying these facts. There can be no supposition of concealment or unfair dealing. The character of the gentlemen in whose hands its employment is, of itself precludes the idea as one not to be entertained for a moment. In a large proportion of the cases, if not in all, concealment would be impossible were it attempted. Dr. Simpson introduced the chloroform to our notice as a therapeutic agent, and he bears the unqualified testimony that he has never seen it do any mischief whatever to his patients. Dr. S. is a man whose word, in a matter of medical experience, must be taken without qualification. He has not only the candor of an honest man, but also the discriminating judgment which is not readily deceived, and the calm deliberateness which is not easily led away by the enthusiasm of a hobby. By his kindness, Dr. P. was enabled to witness the administration of chloroform to several patients, and to converse with others who had used it in child-birth, some for a considerable length of time. In some cases Dr. P. has maintained its effects for several hours. This powerful agent was always administered with due caution, but with a fearless hand. The patient was thrown into a condition of perfect insensibility, and underwent operations otherwise painful, without any apparent sensation, and certainly with no subsequent recollection of suffering. The manner of Dr. S. indicates the most entire confidence in both the safety and utility of his practice. The lying-in women whom Dr. S. saw were all in excellent health and spirits, and Dr. P. thought that their average "getting up" was shorter and better after chloroform than without it. All asserted that they awoke from the slumber without the slightest after-sensation or recollection of pain, without headache or vertigo or nausea, and precisely as after a refreshing sleep. One spirited and intelligent lady, with whom Dr. P. had the honor to converse, roundly asserted that the ladies of Edinburgh *would* have chloroform whether their doctors gave it to them or not; that she would not approach her confinement without it, and that the knowledge that this invaluable boon was within her reach, had taken away all the trembling apprehension which had previously made her pregnancy a period of dread and suffering.

In other parts of Great Britain and on the continent, the anæsthetics are not used so freely as in Edinburgh, but still they are resorted to in all severe surgical operations, and very frequently in obstetric practice. There are very few who use them in every case of midwifery to which they are called, but there are still fewer who do not use them in some cases. No surgeon of any note refuses their employment altogether. They are used in every hospital of London and Paris, more or less. Dr. P. was amused by the ardor of a gentleman connected with St. Bartholomew's, who, in a conversation on the subject, enthusiastically declared that all the other benefits conferred on mankind by the discovery of America, (bark and our democratic liberty included,) were eclipsed by the inestimable addition of anæsthetics to the treasury of the healing art.

The substance used exclusively in Edinburgh, and most generally elsewhere, is chloroform. The accounts we have of unpleasant or fatal effects from it, do not deter them from administering it. Dr. P. saw no sulphuric ether given, and met with no physician who employed it. The objections to its use are its highly stimulating qualities, (increasing the risk of fever and hemorrhage,) its unpleasant and exceedingly persistent odor, and its liability to leave a disturbed condition of stomach with gastric uneasiness and acid eructations. The question of danger from chloroform he would not discuss at present, except to express his conviction that it is ascribable, in all cases, to some error in the method of administration or in the management of the patient or of the inhaling apparatus. Dr. Simpson gives it on a napkin or handkerchief, lightly folded in a funnel shape and held near the mouth. In obstetrical cases he gives it on the approach of each pain, removing the napkin the moment the relaxation of the patient's muscles shows that the pain is passing off, and not reapplying it until her uneasy motions indicate the approach of another pain and that is beginning to be felt.

In view of all these circumstances, Dr. P. enquired whether there is not reason to believe that we in Philadelphia have been a little unreasonable in our opposition to these agents. Certain it is, that they alleviate much suffering for which we have hitherto had no remedy, and that they have in a measure taken away the curse of child-birth, and deprived surgical operations of much of their horror.

Dr. Condie was inclined to believe, that a very considerable change, in the opinion of European practitioners as to the employment of

anæsthetics, had recently taken place. That a much greater degree of caution in their administration was now inculcated, and that the circumstances under which a resort to them solely to prevent pain, is proper, are admitted to be much more restricted than was the case upon their first introduction. This he inferred from the very tone assumed, of late, by the medical journals of Europe when treating of anæsthetics, and of the cases in which their administration is justifiable. Much of the wild enthusiasm by which the propriety of a resort to them, in almost every case attended with pain or suffering, was insisted upon by their early advocates, has disappeared. It is now admitted, on all hands, that the leading anæsthetic (chloroform) is an active poison, and that to prevent disastrous consequences following its administration, the utmost caution must be observed; that we are not always able to determine the effects that may be produced, in different individuals, by the inhalation of the same quantity of the article; that the introduction of anæsthesia is not justifiable in trifling operations, or in ordinary cases of perfectly natural labor; that, even in those cases in which anæsthesia is considered proper in parturition, it is unnecessary to push it to the extent of inducing an entire abolition of consciousness, and, finally, that there are a number of circumstances the presence of which forbids absolutely, in all cases, a resort to it.

Anæsthetics have been in use for too short a period to enable us to arrive at any certain conclusions in regard to their real value as therapeutic agents—to determine accurately all the cases and circumstances to which they are adapted, or to lay down the proper rules for their safe administration. It unfortunately happens that, whenever any important remedy is announced, instead of a dispassionate examination of its properties, and a cautious testing of its curative powers, it is at once seized upon by a set of enthusiasts, who laud it far beyond its deserts, and ascribe to it remedial virtues under circumstances where it is afterwards found to be powerless for good, if its effects be not even powerfully injurious; and if the agent be one of great activity, it is only after the infliction of much injury from its injudicious employment, that it attains its proper place upon the lists of the *materia medica*. When iodine was introduced as a remedy—to believe those who first described its properties and therapeutic powers—it was to remove, at once, consumption from the list of incurable diseases, and to arrest all scrofulous affec-

tions, with as much certainty as the bark or quinine is known to arrest the paroxysms of intermittent fever.

But, in reference to no remedial agent, has this wild enthusiasm been displayed to as great an extent, as it has in regard to anæsthetics. By their agency, pain was to be expunged from the catalogue of human evils—child-bearing was to be divested of its agony, and the knife of the surgeon was to remove the deceased member from the body without the patient suffering a single pang, and this without the slightest danger or inconvenience either immediate or remote.

No wonder need be experienced that anæsthesia should have secured from the very first so many ardent advocates, that it should have been recklessly resorted to in almost every operation, in every case of labor, and almost every disease attended with pain or acute suffering of any kind. Nor has, as yet, the occurrence of death after death, directly attributable to the influence of the agents employed in its production, been a sufficient warning to deter all from a resort to these, merely for the prevention or relief of pain.

By the physician, pain is to be studied with very different feelings from those prompted by a morbid sensibility. Its removal may not, under all circumstances, be advisable. Though invariably an evil, still, cases may certainly occur, in which it would be better to allow the patient to endure, for a short period, even severe suffering, than to induce in him a state of complete insensibility. It was the opinion of Dr. Physick, that, generally speaking, important operations are more successful in those patients who give full vent to their feelings, than in those, who, by a powerful effort of the will, suppress all indications of suffering. And there is some foundation for the enquiry whether, even admitting that, by the employment of anæsthetics, surgical operations may be divested of pain without any immediate danger to the life of the patient, the ultimate result of such operations is as favorable, upon the whole, as of those in which anæsthesia has not been induced.

A comparison that has lately been made by an acute and accurate observer, in our midst—based on the statistics of several large hospitals—of the results of operations in the same institution, before and after the introduction of anæsthetics, as well as results of operations performed in those hospitals where anæsthetics are now invariably employed, with that of the same class of operations performed in the Pennsylvania Hospital, without the induction of anæsthesia, would lead us to suspect that the abolition of pain by anæsthetic agents

does actually exert an unfavorable influence upon the result of operations; an opinion at which Dr. Porter of the U. S. army had arrived from his experience of the use of these agents, during the war with Mexico.

In obstetrics, Dr. Ramsbotham, in the edition of his *Obstetric Medicine and Surgery*, has denounced the employment of anæsthetics, excepting in some few exceptional cases; while Dr. Chowne, in a late discussion before the London Medical Society, remarked, that he had seen most disastrous consequences follow the administration of chloroform—not only simple after-consequences, but serious mental disorders. The fact of the occurrence of insanity from the use of chloroform, is insisted upon by Dr. Webster, who has adduced several cases in which such a result occurred; his statements are of a character that forbid our treating them with entire indifference.

But even if we could, with positive and invariable safety, prevent the pains of parturition by the employment of anæsthetics—would it always be proper to do so? There may be some practitioners of such consummate skill in the application of obstetrical instruments, who, directed solely by their knowledge of the anatomy of the pelvis, and the position of the head, can apply them, without any risk of injury to the organs of the female, as well while she is in a state of entire unconsciousness as when she is in a condition to advise him, promptly, of any pain he may inflict upon her. Dr. Condie, however, very freely confessed that he preferred always, in the application of instruments during labor, that the susceptibility of the female to painful impressions should be unimpaired, as an additional safeguard to prevent her suffering injury from maladroitness on his part.

Much surprise has been expressed by Dr. Parrish, that the comparatively few cases in which fatal effects have resulted from the employment of anæsthetics should be used as an argument against a resort to them in surgical operations and during labor, when the same objection will equally lie against the administration of any of the more potent and useful articles of the *materia medica*. But is it not far more surprising that the gentleman should not see the very material difference between the employment of a dangerous remedy to *save life*, and a resort to a similar remedy *merely to destroy pain*, in a case that we have every reason to believe, so far as the safety of the patient is concerned, will do very well without it? It will not do to point to the 9000 operations safely performed at St. Bartholomew's Hospital under the influence of anæsthetics, in evi-

dence of the propriety of resorting to it, as a mere preventive of pain—for the one single case of death acknowledged to have occurred in that institution from the use of anæsthesia, independently of others of which we have been informed, is sufficient to counterbalance all the good supposed to have resulted from it, by the mere abolition of pain, in the 9000 cases. The life of one patient in 10,000 ought not to be sacrificed to obtain for the remaining 9,999, relief from what is, in fact, in most cases, a very short period of suffering.

Dr. C. remarked, that he did not wish to be considered as altogether opposed to the employment of anæsthetics as therapeutic agents. He was satisfied that their introduction had armed us with a most potent and valuable means of relief in a numerous class of cases. From their internal use, by inhalation, as well as from their application externally, he has derived the most beneficial results in many instances: he has seen them arrest, immediately, the most violent paroxysms of puerperal convulsions, allay promptly the intense sufferings induced by cramp of the stomach and intestines, and that attendant upon neuralgic affections of the internal organs, and of various portions of the surface. He could even conceive of operations in which the risk of danger from their employment, should not deter us from availing ourselves of the pain-abolishing effects. An operation may be necessary to save life, but one, at the same time, attended with so much and so long continued suffering, as to cause the patient to hesitate between its endurance and the *certainty of death* should it be omitted or delayed. In such a case, Dr. C. would not hesitate to recommend the induction of anæsthesia—believing that the risk the patient will incur from it will be fully compensated by its enabling him to undergo an operation, the pain of which it would, otherwise, be scarcely worth enduring to purchase the few additional years of existence it may possibly bestow. Cases too occur, not necessarily fatal, of violent paroxysms of pain, occurring periodically, at shorter or longer intervals, and during a very long period of time, where relief from suffering, by which life is rendered a burden, is cheaply purchased by any remedy, even one, the exhibition of which may be attended with considerable danger. Such cases are, unquestionably, proper ones for the employment of anæsthetics; under many other circumstances also, they will no doubt be found useful and judicious remedies—even although no other good effect should attend their exhibition than the relief of pain.

Dr. Parrish remarked that he was surprised to find the statistics of hospitals introduced here as opposed to anæsthesia in large surgical operations. The basis of the calculation, as I understand it, is a comparison between the results of amputations in the hospitals of New York and Boston, since the introduction of anæsthetic agents into these institutions, and those of the Pennsylvania hospital, where they are not used. Dr. Condie, who generally speaks with such accuracy, on questions when facts are concerned, has not brought forward the figures by which he claims to sustain his position, but has made a general statement that a comparison between these institutions is altogether unfavorable to the use of anæsthetics.

Now, will any one undertake to say that the slight difference in the per centage of mortality, after operations of any given class, running through a period of only a few years, and without taking into account all the attending circumstances, the comparison being made between three institutions, and those not of the largest class, is to be taken as evidence against the use of an article which has been employed thousands of times in the largest hospital establishments in the world?

Why, it is well known that the statistics of a hospital bearing upon any given point, may vary very much from year to year, and that a series of unfortunate results in one or two years will influence very materially the general results for a series of years. Thus an epidemic erysipelas may prevail, and carry off a large number of patients who have been subject to capital operations; and if the institution should be visited with such an epidemic for several seasons in succession, the mortality may become so heavy, as to keep it in the rear of the more favored institutions for a long series of years. There are, too, various other circumstances which may influence the mortality, entirely independent of the use of anæsthetics, and which in my judgment would render it very unsafe to draw conclusions, based upon the experience of two or three institutions during the period of a few years. I apprehend, also, that a difference will be found in the per centage of mortality after any given capital operation, during a series of years, amongst the hospitals of this and other countries, both before and since the introduction of anæsthetic agents, showing that other causes are constantly varying the results.

But if a difference in the mortality of hospitals prior to, and since the introduction of anæsthetic agents, is to be taken as an argument

for or against them, we have a much more extended field of comparison than that offered by the three chief hospitals of this country.

The large hospitals of Europe furnish much more reliable data ; and it so happens that the advocates of anæsthesia point triumphantly to the statistics of these institutions affording ample evidence of a diminished mortality after the great capital operations, since the introduction of these pain-destroying agents.

In the elaborate work of Professor Simpson, on anæsthesia in Surgery and Midwifery, the reader will find two chapters devoted to the question, whether anæsthesia increases or decreases the mortality attendant on surgical operations. The author has here collected the statistics of mortality after the large amputations, in different countries, as derived from official sources, including Phillips' tables, which comprise not only the results in hospital practice, but in the private practice of physicians in Great Britain and in other countries, so far as recorded in the periodical literature of these countries. He has also availed himself of Malgaigne's tables of results from the Parisian hospitals, forming altogether one of the most complete and extensive collections of cases yet published. The percentage of mortality after large amputations, calculated from these data, which were formed prior to the introduction of anæsthetic agents, are then compared with the results after the same operation with anæsthetics, as derived from the British and Parisian hospitals, forming a series of upwards of three hundred cases, up to the time when Professor Simpson wrote.

The conclusion arrived at is, that the mortality since the introduction of anæsthesia is sensibly diminished, and the argument in favor of anæsthetics thus derived is considered by Dr. Simpson as most cogent and convincing. I can only refer the members to this array of figures on the Ether side of the question, and ask them to compare them with those now brought forward on the other side, and see which is the stronger.

I believe myself that there is some degree of uncertainty in this method of calculation, but if it is relied on, Etherization has evidently the advantage.

In regard to the recent unfortunate death from chloroform at St. Bartholomew's hospital—it is certainly against it—though it is only one death in over nine thousand cases, in which the article has been administered there ; still, this with the others which have been reported, shows that chloroform is a most potent agent, and that it

should not be given on trivial occasions, and without great caution, while at the same time one death in ten thousand should not cause us to abandon it. I myself have always preferred the ether, believing it to be safe and reliable, and should not use the more powerful agent, where this answered the purpose.

Dr. Hays stated that he was not disposed to discuss, on the present occasion, the question of the propriety of using anæsthetic agents; but the statements made this evening by the gentleman who opened the debate, relative to the general and indiscriminate use of chloroform in Edinburgh, without a single instance of injurious effects resulting therefrom, were calculated he conceived, to convey the very erroneous impression that no risk attended the employment of that potent agent. He felt impelled, therefore, by a sense of duty, to put in a word of caution. Nearly thirty cases in which death has been produced by the administration of chloroform have been recorded with their full details; and perhaps double that number have been casually referred to in debates before different learned bodies, but the particulars of which have never been published. Not a few cases also of death after the administration of chloroform have occurred, in which he believed the result was chargeable to that agent, though ascribed to other causes. Be this, however, as it may, he thought that undoubted cases enough might be brought forward to demonstrate that the employment of chloroform was not devoid of danger.

Some of the recorded cases of death from chloroform have been ascribed to the article employed being impure; others to carelessness in its administration; and others again to some constitutional peculiarity or organic disease which should have forbid its employment; and thus it has been attempted to prove that in all these cases the fatal result might have been obviated by proper caution.

A case of death from chloroform, however, has very recently occurred which does not allow of any such loophole to escape, from the fact that danger always attends the use of chloroform. This case occurred—where of all places it should have occurred in order to teach a salutary lesson of caution—in St. Bartholomew's Hospital, London—where it had been boasted that chloroform had been used in between nine and ten thousand cases, in not one of which “has its employment left a stain on its character as an innocent agent of good.”

The subject of this case, was a young man only 23 years of age,

affected with aneurism by anastomosis implicating the ear and a portion of the scalp behind it, and which had commenced when the patient was four years of age. He was admitted into St. Bartholomew's Hospital, and Mr. Lloyd determined to attempt its cure by ligating the vessels supplying it. Chloroform was given to the patient, and he was kept under its influence for half an hour, the operation having proved a tedious one. He recovered from its influence without any ill effects. The tumor was not, however, entirely obliterated. A little over a month subsequent to this operation, Mr. Lloyd found on examination an artery between the angle of the jaw and mastoid process which pulsated strongly, and, on compressing it so as to arrest the circulation in it, the pulsation in the tumor entirely ceased. Mr. Lloyd determined to apply a ligature to it. Chloroform was again administered by the careful and experienced assistants of the Hospital, and the article used was from the same bottle which had been administered in the previous operation. In from five to ten minutes he came under the influence of the article, and Mr. Lloyd commenced the operation. Scarcely had he incised the skin when his assistant informed him that the patient's pulse was sinking, and before any restoratives could be applied, he ceased to breathe. Every means that could be devised were resorted to in order to reanimate him, but without success. On post mortem examination, no morbid or organic change in any organ was found to explain the fatal occurrence; but the blood appeared to have been poisoned. "It was fluid, and it remained without coagulation after its escape from the heart and vessels. It had also a brownish purple hue, much like that which is commonly observed in the spleen; none of it, when thinly spread out, presented the ordinary dark, black or crimson hue of venous blood." But for this untoward administration of chloroform, the patient might have lived to the usual term of human existence. Here, then, is a case in which no human foresight could have provided against the fatal result. The chloroform used was pure, and had been employed before without any ill effects; there was no idiosyncrasy in the patient forbidding its employment, for he had previously been under its influence with apparent impunity; that there was no want of caution and skill in its administration, we have the assurance in the fact that it was given by the experienced assistants of the Hospital; and that there was no organic disease forbidding its employment, was demonstrated by the autopsy. If this case is not calculated to prove that danger

attended the administration of chloroform, Dr. Hays said he would be at a loss to know what kind of evidence gentlemen required for that purpose.

In reply to an inquiry made by Dr. Parrish, whether he (Dr. Hays) considered the case he had alluded to forbidding the use of chloroform in every case, Dr. H. stated, that were he compelled to undergo a very painful and protracted operation, he would himself take an anæsthetic, preferring to run the risk rather than endure long and severe suffering, and he would allow his patient the same option, if, after fully explaining to him the state of the case, he should desire to do likewise. But to resort to chloroform for every trifling operation, and in all cases where the slightest and but temporary pain was to be endured, he conceived not only to be injudicious, but actually criminal.

P. S. Since these remarks were made, two more cases of death from chloroform have occurred, one in Boston, the other in New Haven.

Dr. H. S. Patterson remarked that the meeting had got pretty well into the discussion of the question on its merits, when Dr. Hays brought down the St. Bartholomew's case upon us as a sudden extinguisher, and it appears that we cannot get beyond it. Around that all the discussion seemed now to centre, and it must be got rid of before any further progress could be made. He did not know that he could get rid of it, but at all events it could be looked fairly in the face, and its real importance determined. The idea that arose in his mind while Dr. H. was speaking was that this, like other cases of alleged death from chloroform, came with an air of mystery about it. A mischief has been done, somehow or another; life had been extinguished in some way; but the only fact now apparent is that the chloroform has done it. Let this be admitted, and it does not necessarily follow that the agent in question cannot be used at all therapeutically. The conclusion is greater than the premises will bear. The superstructure is much too large for the foundation. The fact seems to be that chloroform may be—indeed has been—inhaled in such a manner as to produce death. Every article of the *materia medica* of any value, is toxical, or at least injurious in some method of exhibition or some dose. Generally, the toxical is in the direct ratio of the therapeutic power. The potency which is curative in its judicious employment may be deadly when otherwise ap-

plied. The mere fact that a medicinal agent is capable of destroying life is no argument against its use. Is there any substance of acknowledged power in our pharmacopœia that may not do mischief? Are there not many that have been fatal to human life, not only when used criminally, but also injudiciously employed, although with the best intentions? He (Dr. P.) is not one of those who would willingly uncover the nakedness of the profession or expose its shame, but he would ask whether chloroform has destroyed more human lives than opium, even in its medical use? He would only refer to the old treatment of delirium tremens by heroic doses of that drug. He had seen patients die in that disease in the Pennsylvania Hospital and in the Alms House, and who would say whether the condition which preceded death was coma or fatal narcotism? He had his own convictions on that subject, and they were such as to lead him to seek a mode of treatment for that affection without opium. But admitting all this, does it prove that opium should not be used? On the contrary, opium remains an indispensable portion of our means of cure in innumerable cases. If a substance is poisonous, it is so in certain doses, in a particular mode of exhibition, and according to fixed and ascertainable laws. We can determine only by observation what functions it affects, in what quantities, and in what way. We do not hesitate to use poisons much more deadly than chloroform is alleged to be by its most vehement opponents, because we know their action and can regulate it to good therapeutic ends. If a patient should die of a dose of hydrocyanic acid, or strychnine, medicinally given, there would be no hesitation in concluding that there had been a gross error in the dose or in the manner of exhibition. Why refuse the application of the same rule to Chloroform? It may be asserted that its poisonous influence is so subtle and so fatal that it cannot be regulated. But this is disproved by thousands upon thousands of cases of its successful administration. If it is poisonous at all it is only so in a certain quantity or by a certain rapidity of introduction, which can be clearly ascertained, scientifically regulated, and securely guarded against. Let us now look with a more thorough scrutiny into the St. Bartholomew's case, which has been thrown into our way as an impediment not to be got over. The first fact to be noticed is that this same patient, not a month previous, was kept under the full influence of chloroform for twelve minutes, during a painful operation, without the slightest inconvenience or interruption to his recovery. There was plainly no

“idiosyncrasy” here. It was proved that chloroform could be administered to that very patient with safety and with the most beneficial results. On the last and fatal occasion, he inhaled the vapor of chloroform for a much shorter time, and died before the first incision was completed by the knife of the surgeon. Now can any man believe that the chloroform was administered in precisely the same way, in the same quantity, and to the same extent, as on the former occasion? Like causes produce like effects. The man who takes a grain of opium to-day with beneficial effects, will not be fatally poisoned by a grain of opium a month hence. The probability is that in the first instance the chloroform was properly administered with a due admixture of atmospheric air, while in the latter it was hastily presented, of full intensity, and undiluted. The quantity to be estimated is not altogether that poured upon the napkin, or introduced into the inhaling apparatus, but that actually received into the lungs of the patient, and absorbed from their mucous membrane. A better case for the illustration of the principle just laid down could not be desired. The blame rests with the erroneous mode of the use, and not with the substance used. As for the mere allegation of toxical power, Dr. P. would give very little for a medicine that could not produce such effects in any case. He suspected the efficacy of every agent whose powers were so feeble as not to render it noxious in its inappropriate or immoderate employment.

As to the remarks made by Dr. Condie in reference to the enthusiasm of advocates of new measures, Dr. P. thought that such a charge in reference to anæsthetics was singularly out of place in Philadelphia. The error here seemed to be all on the other side. He did not wish to complain of the conservatism of the profession here generally. Their cautious skepticism in regard to medical novelties had its great and lasting benefits. But these anæsthetics are no longer a novelty. Their precise value has not been definitely determined, nor have we settled all the laws that should regulate their use; but that they have great and important uses can no longer be doubted. It appears certain that they will become a fixed portion of the armament of the surgeon and the obstetrician. Why should we in Philadelphia alone occupy this position of dogged resistance, and refuse to receive them? Dr. Condie has warned us against the enthusiasm of novelty. Dr. P. acknowledged the truth and value of his remarks. There are *quidnuncs* in the profession as well as out of it, and they will run wild after new hobbies. But he would

remind Dr. C. that this was not the only dangerous enthusiasm. There is another that, in its relation to other matters, has been recognized and pretty well comprehended in this country, where it has received the generic title of *old hunkerism*. It consists in an obstinate conservatism, which brands every new thing as an innovation, in the bad sense of the term, without waiting to see whether it may not turn out an improvement. It rests content with old things—it wants no progress, and it resists all new things as essentially evil or mistaken. He was afraid there was a leaven of the enthusiasm of *hunkerism* in this resolute opposition to the anæsthetics. At all events the truth must soon make itself manifest, and the fact of the matter be established. There can be no doubt that anæsthesia will become, when better understood, a well regulated and well established portion of our practice, and the most the Philadelphia profession can claim will be the merit of having been the drag on the wheel that prevented a too rapid attainment of the goal.

DR. BELL, in reply to a question from the President, (Dr. Jackson) said that Dr. Mussey, his former colleague in the *Ohio Medical College and Commercial Hospital of Cincinnati*, uniformly made use of a mixture of ether and chloroform for the subjects on whom he operated; and without, it is believed, in any case, sinister results.

Dr. Atlee said: There is one point in the case mentioned by Dr. Hays that, perhaps, may have been overlooked. If we take up any book on Surgery and refer to the subject of operations on the neck, we will find that instantaneous death occasionally results during the operation, and that this is attributed to the entrance of air into the veins of the neck. The question then, would naturally arise, Could such an occurrence have taken place in this unfortunate case, and death have resulted from this cause, and not from chloroform? Always in dread of such an event I have never administered anæsthetics in important operations on the neck, lest death accruing under such circumstances, might be erroneously attributed to chloroform, and thus impair the character of a very valuable agent.

Dr. PAGE remarked that notwithstanding the current of the argument, the opinion of all present on the subject of the use of anæsthetics, seems, "like a handle of a jug—all on one side." All of the gentlemen, including those who spoke on the negative side of the question, admit that under certain circumstances, these agents may, and even ought to be administered, while under other circumstances they should be repudiated, as likely to be productive of injury.—

What then are the circumstances requiring their employment? and the answer is, who can tell? The opponents of their indiscriminate use employ them under very opposite conditions. We are told by some that they should not be applied in cerebral excitements, in disease of the heart, and in pulmonary affections, &c., but Dr. Condie has used the anæsthetic in convulsions with marked benefit; and in asthma and difficulty of breathing, ether has been highly extolled; and it is very far from probable that, some of the many thousands who have been placed in a state of anaesthesia for surgical operations, the extraction of teeth, &c, and who have done well, should not have been at the time laboring under severe cardiac affection. Now, for my part, I consider that the chief use of the agent, and the principal cause requiring its administration, is for the relief of pain; but to its indiscriminate use I am as much opposed as any member of the profession. I regret that so few of the members here speak from the book or card. They give us the experience and observation of others and not of themselves, and we know that there are few subjects on which there has been so much written and to so little purpose, as on anaesthetics, within the last few years, except perhaps cholera. With me, after a principle is once adopted, it matters not where it comes from, nor does it require a great accumulation of evidence for its elucidation; and I look upon it as a fixed fact that the anaesthetic may be administered wherever severe and prolonged pain would be otherwise suffered, unless strong indications exist to the contrary. None of us would recommend a patient to be placed under the influence of sulphuric or chloric ether or chloroform for a trivial surgical operation, or for the extraction of a tooth, nor would we use them on ourselves, because the pain is soon over, and it is not worth while to run any risk, and in this sentiment I heartily concur, as risk there is, as we know that unfavorable results have followed their administration; and strange as it may seem, many of the fatal cases have occurred after the performance of what are called slight operations. If I recollect aright, two fatal cases occurred in quick succession in New York; one when the operation was for fistula in ano, and the other for hemorrhoids—both very simple and every day operations in surgery; and we were thrown into the utmost consternation that human life should have been thus endangered, and could scarcely believe that the result was due to any other cause than the chloroform. But sir, some of the most simple operations occasionally terminate fatally, without any discernible

cause. I once saw a patient lose her life from the passage of a thread through a small vascular tumor in the bend of the arm; and I also saw M. Velpeau remove a small tumor from the shoulder of a woman, and she died in a few hours without any assignable cause. Now sir, patients will die after operations, and sometimes suddenly, and the surgeon cannot, with all his ingenuity, account for the death, unless it be ascribed to the luckless anaesthetic.

But it is for the relief of pain during the performance of the more important operations only, as has been before remarked, that it should be administered, and here it not only relieves great suffering, but may have done away with past anxiety, and may remove or diminish future danger. The dread of pain is one of the most depressing and distressing influences to which the suffering patient, or one who is about to submit to a severe operation is liable. Now if this can be removed, much is gained. The patient who has once made up his mind to the necessity of an operation, does not fear its ultimate results or consequences. If it is one, which, of itself, compromises life, the mind becomes settled as to its necessity, and the great fear is of the pain which must be endured during its performance, and the great objection is that it will *hurt*. Now all this feeling yields to the confidence which the anaesthetic inspires, and the common question which the patient puts, and has always put to the surgeon is, "Can you give me something to relieve pain?" We all know how intimate the relations are between mind and body; and if we keep in view the old adage, *sana mens in sano corpore*, the whole matter will be fully understood. The mind and nervous system being placed at ease under the belief that no pain will be experienced during an operation, no matter how severe, will diminish much the dangers of what all surgeons have too well known as the nervous shock, or that condition in which patients die from the immediate effect of operations. It was formerly a common thing to hear of persons dying on the table during an operation; but who has known this to occur in Philadelphia when ether has been administered, and we are all aware that it has been given extensively, and almost indiscriminately.

Another argument against its use is that the plasticity of the blood is altered, and that the healing process will not take place so readily as when the agent has not been employed. Facts seem to prove the contrary. I have never seen the cure more tardy after the use of ether than without it, and indeed, in some instances which have

fallen under my observation, recovery has taken place with remarkable rapidity. I assisted Dr. Goddard in an amputation of the thigh, after a gunshot wound of the knee-joint, when the injury was tremendous, and when all the circumstances were so unfavorable as to induce me to oppose the administration of ether, not because I thought that it would do harm, but because I thought that the patient would most likely die, and that the fatality of the case would be ascribed to the agent. It was, however, given under the advice of Drs. Jewell, McLellan, and Wilson of Bustleton, and the only unpleasant consequence was a slight vomiting and faintness. The wound healed, and the old gentleman is now well, and an approver of ether from experience. I have performed capital operations when the patients have been under its influence, and I have not been satisfied that it has ever proved injurious. I amputated a man's arm, and on the fourteenth day he was well enough to elope from the Alms House. I have removed thighs, legs, the penis and the testicle, with the patients in an unconscious state, and they have all done well. I operated for strangulated inguinal hernia upon a patient of Dr. Naudain, to whom chloroform had previously been given freely, during the trial of the taxis, both by Dr. N. and myself; and at my visit on the thirteenth day I received a message that the man had waited all the day before for me and that he had gone out to walk. These cases and others in my own practice, besides a vast many which have fallen under my observation in the hands of others, make me believe that the agent may be often used without injury, if not with advantage. I lost a patient eighteen months since, after the operation for hernia, when chloroform was employed, but I could not ascribe the death to the agent. I have lost others before and since, when no anaesthetic was given.

It has been said that the color of the blood is changed, and that black blood flows from a wound after the use of anaesthetics. This I have not observed. After amputations, when the arteries have been secured, which is immediately done, the tourniquet is partially loosened, and then it is that the black blood flows, but it comes from the veins, and not from the arteries, and the observer, who is perhaps anxious to view it in this light, mistakes the one for the other, but when the constriction from above is entirely removed, all bleeding usually ceases.

In medicine, anaesthetics have been extensively employed, and even by those who repudiate them in surgery, without disadvantage, and many have been rash enough to use them in obstetrics.

In midwifery I have used ether with the view of promoting relaxation of the os uteri, vagina, and the neighboring parts, and to induce a free secretion from *the parts*, which is the harbinger of the coming good time for the patient and the accoucher, and so far I have had abundant cause to be satisfied with its use. It promotes secretion and induces relaxation, while it does not interfere with uterine contraction or the bearing down effort. This is I know, contrary to theory, but I believe it to be the fact. It seems, as has been well established, to act especially on and to control the voluntary muscles. Now the patient should not be placed in a state of full insensibility, but should be so far affected as not to suffer pain; and while thus influenced the sympathetic and synergetic action of the abdominal muscles will be readily called into play by that of the uterus, which acts involuntarily. We may indeed say that a patient suffering no pain will readily yield to this sympathetic action, and will bear down forcibly, when without a freedom from suffering, she would be almost unable to follow the assiduous directions of an accoucher to assist herself. A remarkable case of this kind fell under my care a short time since, in the person of a young lady in her first confinement, who had been suffering active pain from 7 A. M., to 4½ P. M. without making further progress than the dilatation of the os uteri to the size of a quarter dollar. She suffered much and cried loudly for something to relieve her. She inhaled ether; the dilatation took place speedily; *the parts* became relaxed and moist, she bore down *like a woman*, and before six o'clock the child was dressed, and the mother bandaged up. She expressed herself as comfortable, and so she continued. I have never witnessed the occurrence of any unpleasant accident from the administration of ether during labor, and I have seen much suffering avoided.

We are told that it should not be given when instruments are to be applied, and for the reason that the practitioner should be advised by the patient when he is giving her pain and when he is doing injury. This is to a certain extent true, but obstetrics should teach the practitioner how to apply his instruments, and how to avoid mischief without depending entirely on the assistance given by the woman's silence or moans. Who ever yet pulled on the forceps without giving pain, and who has desisted because his patient cried out? Other indications do and should guide him; he should know when and how to operate, and should not trust entirely to his patient for the success of his practice. Nervous irritability may be mitigated

in obstetrics as well as in surgery, by the timely and proper use of different remedies, and if we resort to ether instead of opium and its preparations, and other narcotics, it is because it is more efficacious, and not more injurious. Every surgeon and every accoucher will sometimes give the different narcotics. As before remarked, the full anæsthetic effect should not be induced; enough of the agent should be given only to relieve the pain, as it may have to be used for a considerable time.

One strong expression is that ether is intoxicating, but this must depend upon the meaning of the term intoxication. If the soothing effect of opium, hyoscyamus, luctucarium, &c., or perchance their exciting or poisonous effects, or the phenomena attending coma, convulsions, &c., can be called intoxication, then the anæsthetic is intoxicating. We know that the effect of ether is transient and soon passes off, so that after its administration sensibility soon returns; but how soon would a young lady be able to leave a dentist's chair and go into the street after an inebriation from brandy or wine. The effects of drink do not pass off thus suddenly, and etherization is not intoxication. I do not wish to advocate the use of anæsthetics under all circumstances, nor their indiscriminate application. One circumstance contra-indicating their employment, although other things may call for them, is when it is absolutely necessary to keep a patient perfectly still, as during the operations for hernia, cataract, and others of equal delicacy, when a slight involuntary movement might cause a cut to be made where it should not be made. It should not be used in operations in the mouth, because the patient might not be able to get rid of the blood, and might suffer from its passing downwards. Other contra-indications must constantly arise in particular cases, which should be duly considered by the practitioner. Of this I am convinced, that it is not very easy to kill a person with ether, else death would have occurred in very many instances, for no agent has been so widely and indiscriminately used, and yet with so few bad consequences. Ether should be preferred to chloroform. It does not act so suddenly nor so powerfully, and experience teaches that it is the safer agent. A mixture of the two is used, but I think it objectionable, as ether is the more volatile, and if its effect is not speedily induced, it will soon evaporate and leave the chloroform behind to have its full effect. The better plan would be to give ether alone, and then should the patient be insusceptible to its action, or become excited, a few drops of chloroform may be administered. Under all

circumstances a full supply of air should be allowed, and the more simple the apparatus employed, the better. — *Philadelphia Medical Examiner*.

ART. II.—*External Diuretics*, By D. J. CAIN, M. D.

In reporting the three following cases, illustrative of the effects of external diuretics, I would remark that it must be obvious that the conditions in which they are indicated and would prove beneficial, are identical with those in which their internal exhibition would be resorted to. In cases of local or general dropsy, resulting from structural lesion of the heart, mesenteric glands, peritoneum, etc. their effect can, as a matter of course, be but palliative.

The employment of diuretics *externally* instead of *internally*, dates only a few years back. According to Dr. Christison, the idea of substituting one for the other, originated with a French physician, who reported several successful cases from their use. But it would seem that the medical profession did not adopt this mode of practice, for we hear nothing more of the subject until the appearance of Dr. Christison's paper in the *Edinburgh Monthly Journal of Medical Science*, of last November. With the contents of that communication all present are doubtless familiar. So favorable was the opinion expressed by him in reference to their action, that I determined to use them in that manner, in the first case of effusion that should present itself to me.

I was soon furnished an opportunity, by a patient who was admitted into the Marine Hospital, Jan. 28th, 1851, laboring under extensive inflammation of the middle finger of the right hand, with caries of all the phalanges, rendering amputation necessary. This was performed while in a state of complete anaesthesia from chloroform.

"While the healing process was going on I perceived that his abdomen began to enlarge, and, on examination, fluctuation was very evident. On inquiry into his antecedent history, I learned that his general health had not been previously very good; he had been troubled with diarrhoea from childhood, but he had had violent attacks from time to time during the last five years, and his bowels were, at the time I speak of much disordered, the stools being more or less fluid and frequent, and of a white or ash color, denoting inactivity in the hepatic organ. He also told me that about four years ago he had a hydropic collection in his abdomen for which he was treated in Balti-

more, and from which he recovered in about a month. I prescribed for him small doses of taraxacum, with a view to its effect upon the liver, and cinchona, with iron as a tonic. The swelling increased to so great a degree within two weeks, as to sensibly impede respiration. I now began the administration of watermelon seed tea, and continued it for a few days without any great increase in the quantity of urine. It was still scanty and red.

I then used the formula recommended by Dr. Christison, viz: equal parts of the tinctures digitalis, squill and soap of which compound two drachms were rubbed on the abdomen three times daily. In forty-eight hours the effects were manifested by a considerable increase in the quantity passed. By the fourth day I found him discharging between three and four quarts, by measure, which reached nearly five quarts by the 7th, when the whole dropsical collection had disappeared.

After keeping up the action of the kidneys for two or three days longer, the diuretic was discontinued, and the urine began to diminish in quantity.

“It may be well to observe here that during the use of the diuretic, I caused the patient to be restricted to about one pint of fluid for the twenty-four hours—thus carrying out the plan I have always followed, in allowing the patient the smallest quantity of drink, for the reason that if the watery portion of the blood is evacuated by diuretics, either alone or by cathartics, and its place is not supplied by the introduction of water through the stomach, the blood will become inspissated, and, in accordance with physical laws, an endosmotic movement will go on from the rarer to the denser fluid: that is to say the dropsical effusion will permeate the tissues, enter the blood vessels, (the veins,) and will be carried into circulation, where it will dilute the blood.

“But although the effused fluid had disappeared, the cause was not removed, and, after an interval of about two weeks his abdomen again began to swell. I again resorted to the diuretics, but this time with by no means such marked effects, the quantity of urine not being materially increased, and after using it about two weeks, it was abandoned. I then made use of the digitalis, squill and colchicum internally, which was attended with complete failure.

On careful examination of the patient, and from a consideration of his antecedent history, I diagnosticated chronic (perhaps scrofulous) inflammation of the peritoneum, with perhaps obstruction to the portal

circulation. The fluid continued to increase, and tapping was had recourse to in order to relieve him. About three gallons were drawn off. It re-accumulated rapidly, and the patient died on the — April. At the necropsy we found extensive and violent inflammation of the visceral peritoneum; slight enlargement of several of the mesenteric glands; and lastly an obstruction to the circulation of the blood through the vena portæ, caused by two large tubercular or scrofulous masses.

From the lesions observed after death, (and which confirmed my diagnosis,) it is obvious that the diuretic could have been of no permanent benefit.

CASE II. Peter Rose was admitted into the Hospital March 31st, 1851, laboring under the intermittent fever. Being at the time sick, Dr. F. P. Porcher, who visited it for me, succeeded, in a day or two, in checking the fever. On resuming my duties in a few days after, I found that his abdomen began to swell, and I soon detected fluctuation—ascites—due, in all probability, to the engorgement of the liver and the spleen, resulting from the repeated paroxysms of the fever. Being encouraged by the success that attended their exhibition, the first time in Case No. 1, I immediately resorted to the use of the diuretics externally. The effect was very prompt in this case as in the foregoing. In less than twenty-four hours the quantity of urine was notably augmented, and by the fourth or fifth day he was passing upwards of a gallon per diem. The hydropic accumulation had entirely disappeared by the ninth day. This patient I exhibited to several of the Counsellors of the South Carolina Medical Association.

CASE III. George Bond was admitted January 22d 1851, to be treated for congestion of one or both kidneys, with the ordinary symptoms, such as discharge of blood, etc., the result, apparently of cold. Cupping, blistering, soda, sweet spirits, nitre, watermelon seed tea, digitalis, colchicum, etc., variously combined, were used as counter irritants and as depletives of the kidneys, but with partial effect. I then substituted the vegetable astringent tanin, without any decided benefit. I gave him turpentine, and, in a few days the hemorrhage ceased. From time to time however, it returned, from imprudence on the part of the patient, such as fatiguing walk, getting the feet wet, &c., showing that the congestion had not been completely resolved. In this state of the case, I thought that the diuretics externally applied, might be of some service. They were

used, consisting of the substances above named, with the addition of colchicum, which suggested itself to my mind as likely to assist the action of the other ingredients. Its effect was soon shown by an abundant discharge of urine; but so great was the action set up in the kidneys that it recalled the hemorrhage, which ceased on the discontinuance of the diuretic.

I have also used it in two other cases with decided advantage: the one an old lady, who had an almost complete suppression of urine, from indigestion; the other, a lady of middle age, who had anasarca from the impoverishment of the blood in chronic diarrhoea.

A medical friend informs me that at my suggestion he has employed it in a case of scarlatinal dropsy, and in three other cases of effusion, from various causes, with happy effect.

The external application of diuretics possesses, it seems to me, a manifest superiority over the internal use in this—that it may be employed in all states of the system, without causing any general or local disturbance, even if it does no good. Every one is aware that the stomach is sometimes so irritable or weak, or the bowels so relaxed, etc., no medicines can be retained by it, or if retained by the stomach, they may increase the action of the bowels. Beyond this, no advantage is claimed for the external over the internal use. It appears, however, from one of Prof. Christison's cases, that the diuretics succeeded externally, when the same combination failed internally.

I have watched closely the action of the diuretics when applied externally, and have observed but the single effect upon the kidneys.

The combination recommended by Prof. Christison is a good one; but other substances may be added, or they may be combined in different proportions. To the tinctures of soap, digitalis and squills, may be added Vin. Colchic., Tinct. Cantharides, etc.

I have deviated somewhat from the quantities and the intervals spoken of by him. He used but ℥ii. or ℥iii. of the compound rubbed upon the abdomen three times daily. In two of the cases above reported, I ordered from ℥ss. to ℥i., four, five, and even six times in the twenty-four hours. In one case, Prof. Christison simply applied a linen rag, saturated with tincture digitalis, upon the abdomen, and with equally marked benefit.

I have observed, while experimenting with diuretics in this way, the fact that, when they fail *externally*, (as they have in two or three instances, since the above cases were treated,) the same, or other combinations, invariably fail *internally*.

In mentioning this circumstance to two medical gentlemen of this city, they remembered that the same thing had occurred in their trials with them. Thus it would seem that the kidneys are sometimes wholly insusceptible of the influence of this class of agents.—*Charleston Medical Journal and Review.*

ART. III.—*Microscopic observations respecting Arterial and Capillary Circulation.* By J. H. WYTHES, M. D., of Paoli, Pennsylvania.

It will be readily acknowledged by most physiologists, that the movement of the blood in the capillaries, is to a great extent independent of the action of the heart, since it may continue after the cessation of the heart's action is affected by causes originating in the capillaries themselves, and is present in the vascular area before the development of the heart. The capillary vessels, however, exhibit no obvious movement when examined by the microscope; the blood passing through them in a continuous stream. Now, as the only method in which the capillaries could influence the current of blood, is by a peristaltic or pulsatory motion, and as such motion is not observable in them, it seems probable either that their influence has been overrated, or that the cause and manner of their operation is yet undiscovered.

The arteries, on the contrary, are known to possess both elasticity and contractility. The former of these properties is generally considered to be of a purely physical character, serving to convert the intermittent impulses the blood receives from the heart into a continuous current. The contractility of the middle arterial coat is thought to be a vital property, similar to muscular contractility. A modification of this force is termed tonicity, an example of which is seen in the arrest of hæmorrhage by the contraction ensuing to the division of an artery.

The pulsations of the arteries, however, have been regarded as caused by the alternate contraction and dilatation of the heart, and to be equalizing and retarding, rather than propulsive, in their influence on the vital current. Yet physiologists have been inclined to attribute some propulsive influence, supplementary to the heart's action, to the arterial coats. Dr. Carpenter remarks, "If the fibrous coat of the arteries is in some degree disposed to the alternate contraction and relaxation which are so remarkable in the heart, they

may exert a force which shall be supplementary to that of the heart's impulse, relaxing to receive the blood from it, and contracting upon their contents, with a power superior to that by which they were distended. It is difficult to say whether or not this be the case, though there would certainly appear some evidence in favor of the supposition. The loss of the heart's power over the currents of blood, in proportion to their degree of subdivision, occasioned by the increased friction to which they will be subjected, would seem to require some compensating power, in order that the perfect equality of pressure may be obtained which has been spoken of as existing in all parts of the arterial system. In no other way than this, can the fibrous coat of the arteries be regarded as having any propulsive power over their contents, except by a peristaltic or vermicular movement, resembling that which takes place in the alimentary canal; and of such there is no evidence whatever."

It is evident that Dr. Carpenter regards the contraction of an artery upon its contents, to be owing to the stimulus afforded by its distention with blood, which being expended, the vessel is ready to dilate to receive a new supply. The microscopic observation to which we are about to refer, leads the writer of this article to entertain a different view. It seems to be demonstrated by this, that the pulsatory movement is a property residing in the arterial coats themselves, independent alike of the heart's action and the stimulus of the blood.

Having caught a mouse in a trap (it was quite cold and stiff when taken out,) I was desirous of making some preparations of epithelium, &c. On taking out the kidneys, it occurred to me to place a thin slice upon a slide for microscopic examination. The slice was made quite through the middle of the kidney, and was about one-thirtieth of an inch in thickness, just thick enough to be translucent. On placing it under the microscope, one of the largest vessels was observed in active motion, alternately contracting and dilating with evident vermicular contortions, communicating motion to the blood corpuscles in the capillaries for a considerable distance. The movement seemed limited to the artery, and was not communicated to the coats of the capillaries, although their contents had an oscillatory motion corresponding to the contents of the artery. The phenomenon was seen for about three hours, when the observation was suspended. The motion had then considerably diminished both in extent and energy.

I was at first inclined to attribute this activity to evaporation of

the watery particles from the slide, but this is insufficient to account for the regular pulsatory character of the movement. It is, therefore, due, in all probability, to the vital pulsations of the coats of the artery. I have not had an opportunity since that time to repeat the experiment.

The only parallel case with which I am acquainted, is recorded in Hassall's *Microscopic Anatomy*, as follows: "On one occasion, in examining the tongue of a frog, a portion of it broke away from the remainder; this I placed between two plates of glass, and submitted to examination, when, extraordinary to say, it was perceived that the circulation was still vigorously maintained in the majority of the vessels. Anxious to know how long this circulation would be continued, but fully expecting to see it cease every moment, myself and a friend, John Coppin, Esq., of Lincoln's Inn, watched it for upwards of an hour, at the end of which time the blood still flowed onwards in many of the vessels, with scarcely abated vigor, though in others, often the larger ones, the motion had altogether ceased. The mutilated portion of the tongue was then placed in water, in which it remained during the whole of the night; the next morning it was again examined, when it was found that a tolerably active circulation still existed in several of the smaller vessels. After this observation, the further examination of the fragment was abandoned."

These observations show:

1. That the pulsation of the arteries is a property residing in the coats of those vessels which is independent of the heart's action, though supplementary to it; and also independent of the stimulus arising from distention with blood.

2. That a peculiar propulsive force, in all probability, resides in the capillary vessels, of whose nature we are at present uninformed.

3. That one of the chief causes of the capillary circulation, is probably the pulsation of the arterial branches from which they spring.

New York Journal of Medicine.

ART. IV.—*Dislocation of Upper End of Femur, left Unreduced.*

DR. FLINT—It is probably no very uncommon event for a dislocated hip to be left unreduced, even where the case has been under

the hands of a clever surgeon ; but it is certainly not often that such cases obtain a public record. We are not over-zealous, generally, to publish our own failures, and it is hardly generous to advertise the failures of others ; so that between our selfishness and our unselfishness, many of the shortcomings of our art are hidden.

Fortunately Mr. Chelius, the author of a most excellent "System of Surgery," has sufficient reputation the world over to enable him to bear a portion of these failures, without injury to himself or the profession which he so eminently illustrates. I shall therefore make no apology for requesting you to record this unsuccessful attempt to reduce a dislocated hip, in which he was himself the operator.

June 11, 1851. John Maurer, a German, aged nineteen years, called upon me at my office, and related as follows :

"When ten years old I fell from a tree, a height of six feet, and dislocated my left hip. I was then living twelve miles from Heidelberg ; and I was immediately taken there, but I did not see Mr. Chelius until the next day. He took me to the University, and, before medical students, attempted to reduce it, but he could not. During several weeks following, he tried six times, using pulleys, &c., but he never could succeed."

I find the limb shortened two inches ; the knee is turned in, and toes out. The dislocation is upward and backward upon the dorsum ilii. He walks rapidly and without pain or discomfort, but with a manifest halt.

Yours, truly,

FRANK H. HAMILTON.

Buffalo Medical Journal.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

ART. I.—*On the Action of the Ergot of Rye, and the Employment of Aqueous Extract, in internal Hæmorrhage.* By DR. ARNAL.

Dr. Arnal, as the result of extensive clinical and experimental observation, states that the *aqueous extract of the secale cornutum* pos-

sesses great power as a hæmostatic in internal hæmorrhages. From his experience in employing it, and from numerous experiments he has made upon poultry, by giving every variety of preparation and dose of the ergot, he comes to the following conclusions :

1. The ergot of rye contains a poisonous principle, productive of death, but by no means so energetic as usually represented.
2. Given in the entire grain, it acts much less energetically than when powdered.
3. Recent ergot does not act more efficiently than older ; but, on the contrary, this last is sometimes the most active of the two. In order to produce a *summum* of effect, it is necessary for it to undergo, in the vessels in which it is kept, a peculiar change, which softens it, and imparts to it an odor *sui generis*. Thus it should not be ordered to be powdered just before using.
4. Much greater effect is produced by a certain quantity, in fractional doses, than when given only at twice, probably because less escapes the influence of the digestive organs ; one of the effects of divided doses is to produce a loss of feathers ; but in all his numerous experiments, both with large and small doses, Dr. Arnal has never met with any thing analogous to the dry gangrene, said to be produced by ergotism in man ; but which, seeing the ergot exerts a fluidifying effect upon the blood, he is disposed to attribute to other causes.
5. The ethereal oil of ergot has not proved fatal in his experiments as it did in those of M. Bonjean, and he attributes the issue of these latter to the fluid having entered the air-passages, when it proves rapidly fatal.
6. The watery extract does not contain poisonous matter, or it does so in such small proportions as to prove injurious only after prolonged use. The toxical principle thus insoluble in ether or water, is found in the residue, which kills animals just as the ergot does.
7. The ergot, however given, is very slow of digestion ; and when given in excess, it produces lesions of the digestive organs. Some of these are found on post mortem examination to resemble precisely those observed in typhoid fever, and the author exhibits a parallel of the symptoms of typhoid and poisoning by ergot.
8. The ergot modifies the composition of the blood, rendering it more diffuent ; and if exhibited long enough, in divided doses, it will induce all the symptoms of scorbutus. Nutrition especially suffers from its deleterious action, as is seen by the rapid emaciation that takes place in the animals to which it is given. The aqueous extract exerts a much less modifying power upon the composition of the blood, than do the other preparations.
9. The ergot, in experiments upon man, reduces

the pulse by several beats for some hours ; but even by repeated doses, Dr. Arnal has never known these reduced lower than forty-eight, even in the aged. 10. The beneficial effect which ergot exerts upon uterine hemorrhage, has led many to believe that its action is elective, as regards the uterus ; but in 30 cases of the internal hemorrhages, in which the *aqueous extract* has been administered by the author, a cure has been effected, or, when the presence of organic disease prevented this, amelioration has been procured. It is, however, not so applicable in all forms of hemorrhage as in uterine. It is rare for active, idiopathic hemorrhage to resist its action for more than twenty-four or forty eight hours ; but when this has become passive, the remedy may even prove mischievous if it be continued too long, or the dose be too large. It is also inefficacious in subjects originally feeble, or exhausted or protracted disease. Even in subjects of good constitution, when given too long in large doses, it may produce bleeding of the gums, and an injurious depression of the circulation. In hæmorrhage symptomatic of organic lesion, the ergot acts as a hæmostatic, but cannot prevent the return of the bleeding. Yet in the case of hæmoptysis, dependent upon tubercle, it may act beneficially, not only by suspending or moderating the *molimen hæmorrhagicum*, but also by moderating the inflammatory action of the portion of lung surrounding the tubercular deposit. In the same way, it has proved of constant service in acute bronchitis ; and in pneumonia it has rapidly suppressed bloody expectoration, and moderated other symptoms. So well does the author think of it in this point of view, that when the patient's strength requires husbanding, and the pneumonia is not too extensive, he recommends commencing the treatment with the ergot, which, by its deoxidizing agency on the blood and retarding power over the heart's action, is an antiphlogistic, *par excellence* ; the debilitating effects which attend other means being either not produced by it, or, if they should present themselves, ceasing on the discontinuance of the remedy. M. Arnal believes that the experiments of arresting traumatic hemorrhage by the local application of the extract, so favorably reported on by M. Bonjean, require repetition and extension to larger vessels. 11. Ergot, in its native state, is more active in its operation, but its watery extract is less dangerous. 12. M. Arnal takes the present opportunity of confirming the favorable accounts he formerly gave of the utility of the extract in *chronic engorgements of the uterus*. Some

of these cases, however, require a very prolonged perseverance in the use of the remedy.

Eighteen cases of hæmatemesis, epistaxis, hæmoptysis, &c., &c., are related in illustration. The following is the formula prescribed : Lettuce water, f ʒiv ; gum syrup, f ʒjss ; aqueous extract of ergot, 15 grains. A tablespoonful every hour and a half.

ART. II.—*Lupus cured by enormous quantities of Cod Liver Oil.*

L' Union Medicale mentions a case of lupus related in the *Annales de la Socite de Medicine de Gand*, in which the ulcerations cicatrized under the influence, or during the administration of cod liver oil. The patient was a young man of twenty-three years, residing in the country, and was admitted into the hospital of Ghent on the 6th of December, 1850. The disease had manifested itself in various parts of the face and chest, and was of old standing. After purging and rest, half a pound of oil was given in the day, two equal halves being taken morning and evening; the daily dose was gradually carried to three pounds, with occasional interruptions, when the appetite failed, or diarrhœa came on. The patient was in the meantime well fed, had wine and beer, and the ulcerated spots were successively touched with Tinct. iodine, lemon-juice, and nitrate of silver. In the space of about seven months the cure was complete, and the lupoid ulcerations, to the number of three or four, were completely cicatrized, and the patient had purchased this result by swallowing, during that period, 256 pounds of cod-liver oil !

OBSTETRICS.

ART. III.—*On Bandaging the abdomen after Delivery.* By W. B. KESTEVEN, Surgeon.

[Mr. Kesteven, although sensible that the weight of opinion is against him, records his conviction that too much stress has been laid upon the importance of the bandage after delivery, and that the rationale of its usefulness has been misunderstood. In order to arrive at a correct conclusion on the subject, he examines it under the following points of view:—1st. The alleged object to be gained by the

bandage. 2d. Its real effects. 3d. Its proper objects, and the right period for its application. With this intent he thus proceeds:—[*Ed. South. Med. Journal.*

1st. The alleged objects to be gained by the application of the roller directly after the completion of labor, are: *a*, to promote the contraction of the uterus; *b*, to lessen the severity of the after pains; *c*, to prevent hemorrhage; *d*, to prevent syncope; *e*, to protect the patient against the consequences of sudden alteration of the balance of the circulation, by which syncope, inactivity of the uterus, hemorrhage, and subsequent diseases have been produced.

On examining at the bedside, the validity of these several objects, it may be observed, in the first place, that all, or any, of these supposed ends may be gained without the use of the bandage.

a. In the vast majority of cases the uterus contracts rapidly, firmly, and permanently, directly upon delivery, without the aid of bandaging. That such is the case, a very short experience among the *laboring poor* will soon convince the clinical student. The poor women who are delivered by midwives, and the hundreds, ay, thousands, who are yearly delivered without aid, would, were it not so, have all the dangers of uncontracted uterus to contend with. That such is rarely the case, admits of no doubt.

b. That measure which shall promote the contraction of the uterus can hardly be seriously recommended as a means of lessening the severity of the after-pains; the contradiction is too manifest to require further comment.

c. For the prevention of hemorrhage the application of a roller certainly possesses no claim. Every practitioner who has diligently applied the bandage, has had to remove it, in order to apply that efficient pressure to the uterus which is most important in promoting its contractions, hemorrhage having taken place in spite of the compression that had been made by the bandage. In fact, the tightly bandaging the hypogastric region with the addition of pads, compresses, basins, &c., &c., has probably frequently given rise to hemorrhage by interfering with the gradual tonic contraction of the uterus. The early application of a binder and compress is a complete obstacle to that vigilant attention to the state of the uterus after labour, which it is the wisdom as well as duty of the medical attendant to pay for some little time after delivery. Where pressure is properly made, hemorrhage is not frequently met with. The very officious accoucheur who loads his patient's abdomen with divers pads,

and other similar contrivances, must frequently have had occasion to remove them. Without these, the earliest signs of hemorrhage may be recognized; with them, they are often concealed; without these hindrances, therefore, the occurrence may be arrested at its outset. It is not the purpose of the present communication to dwell upon the treatment of uterine hemorrhage, but the above hints may serve to show that the bandage has few claims for adoption on that score.

d. The prevention of syncope is undoubtedly an object of paramount importance; it calls therefore for very full examination, as obtainable by the use of the bandage after labour. The indication for its use in reference to the prevention of syncope is theoretically deducted by analogy from the necessity that exists for the application of abdominal compression during the operation of paracentesis. Here, although an analogy does undoubtedly exist, the cases are far from parallel—the conditions not identical—at least not in labor unattended with flooding. When hemorrhage from the uterus occurs, the heart is then physiologically affected in the same manner as where a large quantity of dropsical effusion has suddenly been removed from the abdomen. The removal of pressure from surrounding vessels in the one case being performed in the upright or sitting posture, suddenly empties the heart of its blood in the same way that it is emptied by a sudden gush from the uterus. In natural labor there are these points of physiological difference—the heart is not suddenly deprived of a quantity of blood, because the mass of blood previously circulating in the enlarged vessels and hypertrophied structure of the uterus, is thrown back upon the aorta *pari passu* with the diminution of the tumor by the contractions of the uterus. The consequent removal of pressure from the surrounding vessels is therefore compensated by the non-abstraction of blood from the arterial system, which so far may be regarded as the equivalent of the compression which is had recourse to for the purpose of obviating the sudden change of the state of the circulation, that takes place in tapping. Cases of excessive quantities of liquor amnii, triplet and quartet cases, form instances in which the analogy with the effect of tapping becomes closer. The difference in position must also be borne in mind, when an analogy is attempted to be drawn between these two conditions. In tapping, the position is erect—in labour, it is horizontal. To this rule of difference however, exceptions occur, parturition sometimes occurs so rapidly and so unexpect-

tedly, that delivery takes place before the parturient woman can assume the recumbent posture. That such exceptional cases do not invalidate the rule is sufficiently shown by their rarity, and also by the evil consequences that often follow thereon. It may be remarked then for these reasons, that it is obvious that women after delivery have not to thank the bandage for their exemption from syncope. The writer has never seen a case of mere syncope, occurring after labor, where the horizontal posture has been carefully observed for some hours, although he has systematically neglected to apply the bandage. He has occasionally seen it, and has heard of even fatal syncope where this precaution of the horizontal position has been violated.

e. Having above disposed of the futility of the argument for the use of the bandage to prevent hemorrhage or syncope, other evils, supposed to be consequent upon a disturbance of the circulation are obviously as likely to be benefited by that contrivance.

The second division of this subject is next examined.

2d. The real effect of bandaging the abdomen after delivery.

a. It affords support to the abdominal walls if applied moderately firm.

b. It gives comfort to the patient, and meets her wishes or prejudices with reference to the preservation of the figure. Among its effects, which are not so harmless as these, are its aggravation of after-pains, and the inducement of irregular contraction of the uterus; its obstruction to manipulations; its interference with the action of the diaphragm; its displacing the uterus, and causing obliquity, prolapsus, &c., of that organ; its interference with a most valuable means of controlling uterine hemorrhage, viz: the compression of the aorta. All of these are important matters, and are to be found among the consequences of the tight bandaging which is adopted by some practitioners.

3d. The consideration of the two preceding topics leads to that of the third,—the proper object of, and the right period for the application of the bandage. The first point may be very briefly expressed in the words of Dr. Blundell. It is to be applied “with that degree of tension which may yield a sense of grateful support.” This is the whole truth of the question—the sole object of the bandage is to afford a comfortable degree of support; it is not to effect forcible compression of the abdomen.

The proper period for its employment is therefore not until the uterus has firmly contracted, the patient having been left to undisturbed

rest for at least two hours, has had her linen changed, and is being "put to bed." Before this period, it, as has been shown, is but an incumbrance. At this time the bandage will afford a "sense of grateful support," and will meet the patient's prejudice with reference to the preservation of her figure—a prejudice which may, in this way, be harmlessly humored; it being emphatically impressed upon the minds of the patient and her attendants, that the application of the bandage is of infinitely less importance than quiet rest; that the contraction of the uterus is more effectually and naturally induced by the child's mouth at the nipple, than by all the screwing and squeezing machines that ever were contrived.

If the necessity of any proceeding may be measured by the end it is intended to serve, most assuredly the importance of the abdominal bandage has been much over-rated. The preceding remarks have shown that its alleged objects are not attainable, even if they are desirable; that its real effects are either trifling or evil; that its proper object is of a very subordinate character, and pertaining rather to the functions of the nurse than to those of the medical attendant.—*Medical Gazette.*

SURGERY.

ART. IV.—*On Amputation in Children.* M. GUERSANT.

The amputations at the *Hopital des Enfants* are of frequent occurrence, not less than from eighteen to twenty taking place annually; being usually performed for white swelling, or other chronic disease. M. Guersant, is however, no advocate for hasty operations in such cases, as the lymphatic habit upon which the disease of the joint depends may often be ameliorated, and a valuable, though an imperfect limb be preserved. Much depends upon the social position of the parents. The working man has not at his command those resources which may be required for years during an endeavor to preserve the limb of the child; and after the operation the latter may be apprenticed to many trades, even though he has a wooden leg. The child placed in easy circumstances can command prolonged medical attendance, sea-air, change of climate, or whatever may be deemed beneficial, and amputation need not be performed until all

other means have been exhausted. After a long period, however, all the chronic disease in a scrofulous child suffering from arthritis, seems to concentrate itself in the diseased joint; and upon the removal of this, his health may become re-established. Amputation frequently succeeds better in debilitated than in very strong and vigorous children.

Whenever possible, M. Guersant prefers the months of May, June, and July, for the operation, as unfavorable complications are of more common occurrence in the cold and changeable seasons of winter and spring. The child requires but little preparation; the means which have already been employed for the improvement of its general health, is iodine, bitters, cod liver oil, &c., all placing it in the best condition for undergoing the operation. If a large eater, the food should be somewhat diminished two or three days before; and any existing diarrhœa must be arrested by anodyne injections and bismuth.

M. Guersant sometimes employs the oval operation, but hardly ever the circular. In most cases he prefers the flap, which renders the co-operation of assistants easier, occasions little inflammation or suppuration in children, frequently allowing of union by the first intention, and affords a better covering for the bone. Chloroform is employed, and the principal artery of the limb carefully compressed, so as to avoid hemorrhage. In very hot weather, the edges of the wound are united by some points of suture, and the stump left exposed to the air. When bandages are employed, the stump is dressed daily. On the evening of the operation a little broth is allowed, next day a stronger soup, and the day after that sometimes a little roast fowl.

By observing these rules, M. Guersant finds, as a general rule, that eight or nine cases in ten recover. If erysipelas occur, leeches are applied to the nearest lymphatics; and if these do not suffice, a circular blister is placed around the stump; emetics and purgatives, but especially the former, being given. In cases of purulent resorption, he has obtained some benefit from aconite. If the surface of the wound takes on a greyish color, and becomes covered with false membranes, chlorine water or lemon juice is the best application. When union by the first intention does not take place, the inner lip of the wound should be stimulated, and then strapping applied; and when fistulæ occur, they will usually be found dependent upon small portions of bone tending to necrosis.—*Gaz. des Hop.*

[A writer in the *Bull. de Therap.* (tom. xl. p. 81) observes that M. Guersant did not lose a single case of amputation during 1850, though the thigh, arm, foot and shoulder, were among the parts removed. The great success of operations on the young has long been known, and it is usually attributed to the greater vitality of childhood, and the absence of mental disquietude. However this may be, M. Guersant's especial success is probably, in a great measure, due to his habit of ordering good, nutritious diet, as soon after the operation as possible. Under the influence of this, children rapidly recover strength and flesh, the wound assumes a healthy aspect, and the colliquative diarrhœa so common prior to the operation ceases. Abstinence is ill-borne at this tender age, and most of these children have become exhausted by suppuration prior to the operation.]—*Medico-Chir. Review.*

ART. V.—*Death from Hæmorrhage consequent upon lancing the Gums.*
By HENRY WHITWORTH, M. D.

An infant was brought to me one morning, suffering from high fever, and profuse diarrhœa, the consequence of a dry, hot, and swollen state of the gums during dentition. I scarified the gums, and the infant was taken home. Late in the evening the father called on me stating that early in the afternoon the mother noticed some blood proceeding from the child's gums, and that as the day advanced, the flow of blood continued to increase. I gave him some styptic, and desired him to let me know its effect. At midnight, I was sent for to visit the case, and found blood freely oozing from every part of the scarified surfaces. I tried pressure, and finding it and other means ineffectual, applied the actual cautery, but in vain. The infant died at 7 A. M., twenty-one hours after the scarification.—*London Lancet.*

ART. VI.—*St. Bartholomew's Hospital.—Case of Death by Chloroform; Post Mortem Examination.*

We stated, at the conclusion of our report of this unfortunate case* that we should present the post mortem examination, if such were made. The autopsy was conducted by Mr. Paget; and our readers will easily perceive, by the following details, that the examination

* See *Lancet* for May, p. 384.

does not yield any clue to the suddenly fatal effects of the inhalations of chloroform. It would certainly be a great pity if this accident were to render surgeons loath of availing themselves of the advantages of anæsthetic agents, for it cannot be denied that operations are now-a-days far more effectual and safe than formerly; and that, independently of the absence of pain, there are a certain number of surgical measures which, with chloroform, may be had recourse to with great ease; but which, without the assistance of this agent, could not be thought of.

From the numerous operations which we have seen, and from the valuable works which have been published on the subject of anæsthesia with ether or chloroform, we cannot but think that the chance of escaping accidents would be far better, if those who administer chloroform would take more time in obtaining insensibility, and allow the chloroform to be mixed with a large quantity of atmospheric air. Patients might inhale the anæsthetic agent in the ward, (as is always done at the University College Hospital, among Mr. Erichsen's patients,) and the proper time might thus be afforded. M. Sedillot, of Strasbourg, has lately written on the subject, and is firmly of opinion that, with more time and a greater waste of chloroform, more security would be obtained.

Dr. Snow, who so frequently administers chloroform in this metropolis, has lately read a paper before the Medical Society of London, in which he states:—

“When dogs, cats, or rabbits were made to breathe air, containing from three to five per cent. of vapour of chloroform till they died—a process which occupied generally from ten to fifteen minutes, the heart continued to act for a minute or so after breathing had ceased, as he had ascertained by means of the stethoscope; and then, in some instances, the animal gave a few gasping inspirations about the time when the heart was ceasing to act, which had the effect of restoring it to life. On the other hand when such animals were made to breathe air containing eight per cent. or more, of the vapour, *death took place very suddenly*, the respiration, and the heart's action ceasing together. He believed that no accident had occurred from the continued exhibition of chloroform vapour, *well diluted with air*. (the italics are our own.) In the fatal cases which had happened, death had taken place suddenly by way of syncope, showing that the heart had been paralyzed by the action of vapour constituting not less than eight or ten per cent. of the air inspired just before death. There were two methods of ensuring the dilution of vapour of chloroform with at-

mospheric air, to such an extent that death could not occur without giving sufficient warning to allow of accidents being prevented by ordinary attention and skill. The first and best of these methods was, to exhibit pure chloroform by means of a suitable inhaler; the other method was to dilute the chloroform with rectified spirit of wine, before pouring it on a handkerchief or sponge. Equal parts, by measure of each, is the proportion which Dr. Snow is in the habit of using; and he thinks that the best means to be employed, in case of impending death from chloroform, is *artificial respiration*."

It would also be wise, if in each large hospital, some gentleman, remunerated for his trouble, were *exclusively* entrusted with the administration of chloroform, (as is the case at St. George's Hospital;) such a person would then naturally gain much practical experience in the manipulation of the narcotizing agent; and the surgeon could, without having his mind worried by apprehensions, give his whole attention to the operation in hand.

Post Mortem Examination.—Body well formed and muscular; rigor mortis complete in the trunk and limbs. Venæ in nominatæ and vena cava superior, full of blood, and probably would have been distended, but that some blood had flowed into the coffin from the opening of the external jugular vein. The right auricle and ventricle were full of blood, and would have probably been more so but for the escape of blood just alluded to. The left auricle and ventricle contained very little blood, and the left ventricle was in a complete state of contraction. The heart was of full size, it appeared in every part natural in its texture and as if it had possessed full power. All the valves were also healthy. Neither could any disease be traced in any of the large blood vessels within the chest. The blood, however, was very fluid, and did not coagulate after its escape from the heart and vessels. It had a brownish purple hue, like that which is generally observed in the spleen; none of it, when thinly spread out, presented the ordinary dark, black, or crimson colour of venous blood.

Both lungs presented old adhesions about their apices and posterior surfaces; but these were of small extent. The pulmonary vessels were healthy, but the lungs appeared more than usually collapsed and dry. The vessels were not overfilled; the mucous membrane of the large bronchi and trachea was turgid, apparently from congestion of its smaller blood vessels. A similar condition existed in the larynx, above the chordæ vocales, but not to such an extent as in any appreciable degree to cause a narrowing of the glottis.

The mucous membrane of the stomach was, over a great extent, especially at the fundus, blotched and suffused, and presented a dark, crimson color from the exceeding fullness of its veins and small blood vessels; but the coats of this viscus appeared healthy. It contained a small quantity of thin, brownish fluid, being probably the remains of the last meal. The whole intestinal canal, as far as can be judged from an external examination, appeared healthy. The liver, pancreas, and spleen, were natural; and the hepatic venous plexuses, and intra-lobular veins seemed over-filled.

In the kidneys, which were of natural size and texture, the tubular portions were very dark, apparently with intense venous congestion; but the cortical portion was comparatively pale. The vena cava inferior, and its chief branches, were more than usually filled with blood.

The skull was natural, except in small portions of the diploe, in which a congested state of the blood-vessels, corresponding with the disease in the vicinity of the ear, was noticed. The dura mater and longitudinal sinus presented nothing abnormal; the cerebral arachnoid membrane was in many parts, and over a wide extent, opaque, and somewhat thickened; and a few ochre-yellow small spots also appeared in it. The tissue of the pia mater was infiltrated with a more than ordinary quantity of transparent fluid. Between the anterior lobes of the cerebral hemispheres, small portions of the opposed surfaces of the arachnoid membrane were adherent; but both this and all the other morbid conditions of the membranes of the brain appeared to be the results of disease which had probably existed long previous to death.

The convolutions of the cerebrum were small, and the furrows between them of wider extent than usual. The surfaces of the optic thalami were uneven and wrinkled, as if these portions of the cerebrum had somewhat contracted; but no unnatural appearance presented itself in any other part of the brain or medula oblongata.

Our readers probably remember that every possible exertion was used to resuscitate the subject of whose post-mortem examination we have just given an account. Dr. Herapath, of Bristol, considers the electric current, steadily kept up between the mouth and diaphragm, is our sheet-anchor; and we have no doubt that this advice will be acted upon in the event of another accident with chloroform. We cordially recommend the perusal of Dr. Herapath's paper, both as to his views regarding the cause of death by chloroform,

and the resuscitating means to be employed. The following passage should be particularly attended to.

“In resuscitating from an overdose of chloroform, galvanism is the only chance. Keep up a current of electricity through the fifth nerve, medulla oblongata, phrenic nerves, and diaphragm, as long as respiratory movements can be produced, and let the patient have plenty of fresh air or oxygen gas, and the case must do well, for the blood will remain fluid for a long time, and circulation will go on as long as respiration continues to be carried on artificially. The blood and the air-cells throw off their load, and in proportion as the pneumogastric, medulla oblongata, and motor nerves, slowly resume their functions, so respiration begins to assume a less artificial character; at length the cerebrum aids us, and the respiratory movements, both voluntary and involuntary, keep up the functions of life unaided.”

But we would also call the attention of surgeons for a few moments to the following extract from a foreign journal. The method therein mentioned, and which has several times been the means of saving life, may perhaps prove serviceable in this country.

Prof. Rigaud relates the following case in the *Abeille Medicale* of Nov. 3, 1851:—He was on the point of removing a tumour from the chest of a female patient. After a few inspirations of chloroform, the pulse stopped suddenly, and the woman did not give any signs of life. The chloroform was at once removed, cold water dashed on the face, and frictions made all over the body. These means, in about a couple of minutes, produced a few weak pulsations of the heart, which, however, ceased immediately, and were not accompanied by any respiratory act. Dr. Rigaud now thought of using the method which has been advocated by Dr. Escalier, and passed his index finger along the dorsum of the patient's tongue, raised the epiglottis, and drew the former out of the mouth. This had the effect of producing an inspiration, which circumstance was taken advantage of to make the patient inhale ammonia. As soon, however, as the tongue was lost hold of, it glided back into the mouth, and respiration ceased again. The same manœuvre was now repeated, but this time Dr. Rigaud kept the patient's tongue out of the mouth; the respiration then set in again, and the woman quickly recovered. The operation was then performed without chloroform, and Dr. Rigaud considers that Escalier's method saved the patient.

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

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- 1.—*The Principles of Surgery*. By JAMES MILLER, F. R. S. E., F. R. C. S. E., etc. etc. Third American from the Second and enlarged Edinburgh Edition. Illustrated by two hundred and forty engravings on wood. Revised with additions by F. W. SARGENT, M. D., Author of "*Minor Surgery*," etc. etc. 8vo. pp. 751. Philadelphia: *Blanchard & Lea*. 1852.

Of all the works on modern surgery, that of which the above is the title is deservedly the most popular. Prof. Miller is a young man, scarcely thirty-four years of age, and yet his renown as a popular teacher and philosophical writer is world-wide, and the circulation of his work in this country, and also in Europe, is equal at least to that of any other of the kind.

While in Edinburgh we had the pleasure of receiving a copy from the hand of Professor Miller himself, in whose preface he says: "by ample correction and no inconsiderable addition to the text, it has been the author's anxious desire to render his volume better deserving of the kind reception awarded to its original issue." Indeed, the additions to the present edition, aside from the very valuable illustrations absent in the first, are extensive, and render the work more complete.

The American editor has enriched the work with valuable annotations and discussions on the subjects of Inflammation, Suppuration, Tubercle, Cancer, Tumors, Aneurisms and Anchylosis; and in preparing it for the press the publisher has spared no pains to render the mechanical part of it as nearly equal to that of the Edinburgh edition as possible, and we think it will be admitted that they have every reason to congratulate themselves upon the happy accomplishment of their purpose.

We take great pleasure in recommending this work on the "*Principles of Surgery*" to our friends in the highest terms, and can but hope that each for his own convenience and edification will secure a copy for his Library.

For sale by J. H. Riley & Co.

- 2.—*A Practical Treatise on Inflammation of the Uterus and Appendages, and on Ulceration and Induration of the Neck of the Uterus.* By JAMES HENRY BENNET, M. D., Member of the Royal College of Physicians, etc., etc., etc. Second American, from the second London edition—8 vo; pp. 355: Lea & Blanchard, Philadelphia, 1850.

As this work has for some time been before the profession, it may not be necessary to give it an extended notice; and yet, as it has recently fallen into our hands, and having taken an opportunity to examine it more critically, we cannot refrain from calling the attention of physicians to it. We are inclined to believe that few fully, or *can* fully appreciate the benefits which are to redound to suffering humanity through the researches of Dr. Bennet. Uterine Pathology has never, until very recently, been well understood. The difficulties in the way of pathological investigations in this department, being neither few nor small, and of such peculiar character, that the entire profession has, until within a few years, been content to prescribe for symptoms in a most unsatisfactory and unscientific manner, and allow the os and cervix uteri to remain a kind of *terra incognita*, or "sanctum sanctorum," unlawful to be explored.

In Paris, Dr. Bennet enjoyed extensive opportunities of witnessing, and *seeing with his own eyes*, the changes which disease produce in the female organs of generation, in the Hospital Saint Louis, La Pitie and La Salpetriere, and imbued with the spirit of his high calling, he came home to London and commenced on his own responsibility, investigations and the treatment of uterine diseases, with such success, as at once to give him a wide-spread reputation. The method by which uterine ulceration and induration was detected, was by *specular examinations*. This, at once shocked the modesty of all the professional *Miss Nancys*, and the old Fogies, of course, most of whom had never seen a living os uteri, denounced their anathemas against such sacriligious proceedings, which was nothing more nor less than the violation of chastity in all those poor women who submitted to them! Dr. Lee, the eminent lecturer on obstetrics and diseases of women, at St. George's Hospital, stood at the head of the opposing phalanx. These physicians not only opposed Dr. Bennet's course on this ground, but denied the frequent existence of uterine ulceration, while, at the same time, they acknowledged that they had seldom employed the indispensable means of detecting such ul-

ceration—namely, the speculum!! And still, the opposition goes on; but thanks to “young physic,” the younger members of the profession will succeed in treating, scientifically, diseases of the uterus—a class of diseases, which, above all others, have ever entailed misery and wretchedness upon the fairer portion of the human race. This they will do in spite of mal-educated female delicacy, and the opposition from those who ought to lead the way in this, as well as every other good work.

We intended to have quoted some few paragraphs from this work, particularly those showing the importance of diagnosis; our space will allow of but one extract, and that is peculiarly interesting to us as we have formerly, in several instances, been mistaken in supposing there was stone in the bladder, when, in fact, the irritation of the bladder was sympathetic of uterine disease:

“When the irritation about the bladder is very great, the attention of the practitioner may be directed nearly exclusively to it, and the uterine disease may thus be overlooked. This is a mistake which is not unfrequently committed. I have met with patients thus suffering, who had been examined for stone over and over again, or treated for years for idiopathic cystitis.”

We hope our friends will purchase this work, and we particularly beg that they will not (as some are apt to do) *sneer* at specular examinations, until they have read it. Few will do it afterwards.

Sold by J. H. Riley & Co.

3.—*Outlines of the Nerves—with short Descriptions. Designed for the use of Medical Students.* By JOHN NEILL, A. M., M. D., Surgeon to Will's Hospital, and Demonstrator of Anatomy in the University of Pennsylvania. Second Edition. 8vo. pp. 28. Philadelphia: *Ed. Barrington & Geo. D. Hazwell.* 1852.

Outlines of the Arteries—with short Descriptions. Designed for the use of Medical Students. By JOHN NEILL, A. M., M. D., Surgeon to Will's Hospital, &c. Second Edition. 8vo. pp. 28. Philadelphia: *Ed. Barrington & Geo. D. Hazwell.* 1852.

These little works of Dr. Neill are worthy of a favorable reception. Their peculiar traits which render them worthy of commendation are, first, the concise and clear description of the nerve or ar-

tery under consideration, unaccompanied by circumlocution or collateral matter of any kind; second, each nerve and artery has its name printed in close connection with it, so that it can be seen at a glance. This we have long and often thought a desideratum in descriptive anatomy. Few things are more vexatious to the student than the necessity for a search after a name, on some distant page, of an organ which has only a figure or a letter to guide him. The search frequently occupies more time than the knowledge is worth when possessed. We think this a most admirable arrangement, and we are only surprized that others have not long since done the same. It must aid the student very much.

The plates are not quite as perfect as they should be. Were these executed in an accurate and elegant manner, the work would have no rival.

Sold by J. H. Riley & Co.

Presuming that our readers will be better satisfied with a full account of the proceedings of the National Association, than with contributions from our pen, we yield a large space in the present No. for that purpose. We are indebted for the following authentic report to the courtesy of Dr. Gooch, editor of the Stethoscope, and one of the Secretaries of the American Medical Association.

We find that our limits oblige us to omit portions of the proceedings.

PROCEEDINGS

Of the Fifth Meeting of the American Medical Association.

TUESDAY, MAY 4, 1852.

The Association met in the Second Presbyterian Church at 11 o'clock—the President, Dr. Moultrie, in the chair.

Dr. James Beale, President of the Medical Society of Virginia, and chairman of its committee of reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, chairman of the committee of arrangements, read a list of the delegates who were present, and who answered to their names, as follows:—From Maine, 2; New Hampshire, 1; Massachusetts, 17; Rhode Island, 6; Connecticut, 9; New York, 28; New Jersey, 8; Pennsylvania, 33; Delaware, 3; Maryland, 10; Virginia, 90; North Carolina, 5; South Carolina, 13; Georgia, 4; Alabama, 4; Louisiana, 2; Tennessee, 2; Kentucky, 8; Ohio, 10; Michigan, 1; Illinois, 3; Missouri, 6; Iowa, 1; District of Columbia, 6; U. S. Navy, 1; Foreign, 2—275.

Dr. Hays, of Pa., offered the following resolution:

Resolved, That a committee of one from each State, to be selected by its own delegation, be appointed to nominate suitable officers for the Association.

The resolution having been adopted, the Association took a recess of ten minutes, to allow the delegations to appoint the nominating committee.

At the expiration of the recess, the President announced the nominating committee, as follows:

Maine—Isaac Lincoln; New Hampshire, Jeremiah Blake; Massachusetts, Jacob Bigelow; Rhode Island, H. W. Rivers; Connecticut, Charles Hooker; New York, Joseph M. Smith; New Jersey, G. R. Chitwood; Pennsylvania, G. W. Norris; Delaware, H. F. Askew; Maryland, G. S. Gibson; District of Columbia, C. Boyle; Virginia, James Beale; North Carolina, James H. Dickson; South Carolina, H. R. Frost; Georgia, C. B. Nottingham; Alabama, A. Lopez; Kentucky, W. L. Sutton; Missouri, C. A. Pope; Ohio, D. Tildon; Illinois, D. Brainard; Michigan, Z. Pitcher; Iowa, J. H. Ranch; Tennessee, Paul F. Eve.

The President requested the Secretary to call the roll.

Dr. Cox, of Md., offered the following resolution:

Resolved, That when the roll be called, each member shall rise in his place and answer to his name.

The resolution was not adopted.

The Secretary then proceeded to call the roll, and the members present having answered to their names, the President delivered a lengthy and able address.

The nominating committee reported the following as officers of the Association:

For President—Beverly R. Wellford, of Virginia.

For Vice Presidents—Jonathan Knight, of Conn.; James W.

Thomson, of Delaware ; Thos. Y. Simmons, of South Carolina, and Chas. A. Pope, of Mo.

For Treasurer—Dr. Francis Condie, of Pennsylvania.

On motion of Dr. Atlee, of Pennsylvania, it was

Resolved, That the officers thus nominated be and are hereby elected the officers of the Association for the ensuing year, and that the nominating committee be requested to nominate Secretaries, and to decide upon the next place of meeting at as early a period as possible, the present Secretaries to retain their offices until other nominations are made.

This resolution having been adopted, the gentlemen nominated were declared the officers of the Association for the ensuing year ; and, on motion of Dr. Atlee, of Pa., a committee of three, consisting of Drs. Atlee, of Pa., Haxall, of Va., and Eve, of Tenn., were appointed a committee to announce his election to Dr. Wellford, and conduct him to the chair.

Dr. Wellford having taken the chair, returned his thanks for the honor conferred upon him.

Dr. F. C. Stewart, of New York, offered an invitation to the Association to make the city of New York the next place of meeting.

On motion of Dr. Boyle, this and all similar invitations were referred to the committee of nominations.

Dr. Hays, of Pennsylvania, offered the following resolution :

Resolved, That the report of the committee on the constitution be made the special order for to-morrow morning.

It was moved by Dr. Stille, that the resolution be so amended as to make it the special order of Thursday. This amendment was lost, and the question being taken on the original resolution, it was adopted.

Dr. Hays also offered the following resolution :

Resolved, That the report of the committee of publication and on prize essays, be made the special order for the afternoon session.

Dr. Phelps, of New York, moved that when the Association adjourn, it will adjourn to meet at 4½ o'clock this afternoon.

This resolution was adopted.

Dr. Haxall, chairman of the committee of arrangements, offered the following preamble and resolution, which were unanimously adopted :

The American Medical Society in Paris, being so constituted that

it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution—

Resolved, That the delegates accredited to the Association by the American Medical Society in Paris, be and are hereby invited to take seats in this body.

Dr. Drake read the following resolutions, which were laid on the table ; and on motion, the association adjourned till 4½ o'clock, P. M.

1. *Resolved*, That every report on a medical or other scientific subject, shall be referred to a select committee, to be read, analyzed and reported on to the association ; said select committee indicating its general character and worthiness of publication, provided the authors of every report shall have the right of appealing to the association.

2. *Resolved*, That no report shall be read before the association until it has been examined and reported on by the committee to which it may be referred ; nor then, but under an order of the association.

3. *Resolved*, That no report shall be published in the Transactions of the association but in virtue of its order.

4. *Resolved*, That all professional and other scientific communications made to the association, shall be referred and treated like reports of committees.

5. *Resolved*, That the president, vice presidents and secretaries of the association shall be charged with the appointment of the aforesaid committees, being themselves eligible for such appointments.

6. *Resolved*, That the authors of all reports and papers aforesaid, shall have the privilege of reading and explaining the same before the committees.

AFTERNOON SESSION.

Dr. B. R. Wellford called the association to order at 4½ o'clock, P. M.

Dr. D. Paul Lajus offered the following resolution, which was unanimously adopted :

Resolved, That Dr. Brown Sequard, of Paris, be invited to occupy a seat among the delegates at the present meetings of the association.

Dr. Paul F. Eve, from the committee on nominations, then reported that the committee had *resolved*—

1. That St. Louis be designated as the place for the meeting of the association in 1853.

2. That Drs. P. C. Gooch, of Virginia, and John S. Moore, of Missouri, be nominated for secretaries.

On motion, the report was laid on the table.

Dr. Gooch offered the following resolution, which was rejected :

Resolved, That the members of the press be admitted to seats on the floor, and that a committee of three be appointed to raise by voluntary subscription, a sum sufficient to defray the expenses of reporting and publishing the proceedings of the meetings, and to make an arrangement for such.

Dr. Isaac Hayes read the report of the committee on publication and the reports of the treasurer.

The reports were received, and the following resolutions, appended to the report of the committee of publication, were put and unanimously adopted :

1. *Resolved*, That the assessment for the present year shall be *three dollars*.

2. *Resolved*, That the committee of publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the association as shall remit the amount decided upon by the committee, within a specified time, (to be fixed also by them.) And that it shall be the duty of the said committee to issue a circular informing the members of the terms upon which the Transactions will be furnished to them.

3. *Resolved*, That the committee be authorized to take such measures in relation to the disposal of the copies of the Transactions remaining after all such members are supplied as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

On motion of Dr. Ives, the vice presidents were requested to take seats allotted to them in front of the president's chair.

Dr. Hayward presented the report from the committee on prize essays, and broke the seal of the paquet containing the name of the author of the essay, entitled "*On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*," and which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report was referred to the committee of Publication.

The report of the committee on the Medical Botany of the U. States for 1850-'51, from Dr. A. Clapp, chairman, was presented and referred to the committee on publication.

Dr. Drake called up his resolutions offered at the morning session, which were read and discussed. On motion of Dr. Lopez, of Alabama, they were indefinitely postponed.

The reports from the regular standing committees were then called for in order, and were severally laid over or continued. Letters were read from Dr. J. B. Johnson, of Missouri, asking to be excused from further duty as chairman of the committee on epidemic erysipelas, which was granted; and Dr. Thomas Reyburn, of Missouri, asking that the committee on the epidemics of Missouri, Illinois, Iowa, and Wisconsin, be continued, which was also granted.

Dr. Ro. W. Haxall, of Virginia, read a short report of the progress of the committee on the epidemics of Virginia and North Carolina, and asked to be continued; which request was granted.

Dr. Wm. A. Patterson extended to the association an invitation from W. P. Tunstall, president of the Richmond and Danville railroad company, to an excursion on their road on Friday, 7th May, which was accepted; and, on motion, the thanks of the association were voted to the company.

Dr. Askew moved that when the association adjourn, it adjourn till 9 o'clock on Wednesday, and that it sit from 9 A. M. till 2 P. M. Carried.

On motion of Dr. Gooch, the editorial corps were invited to take seats on the floor.

On motion, the association then adjourned.

WEDNESDAY, May 5, 1852.

The association met at 9 o'clock—the president, Dr. Wellford, in the chair.

The minutes were read and approved.

The secretary informed the association that he had enclosed copies of the preamble and resolutions adopted by the association at their sessions of 1850-'51, relative to assimilated rank of the medical staff of the army and navy, to the several departments ordered by the resolution. From Dr. Harris, chief of the bureau of medicine and surgery, he had received a letter approving of the course of the association, which letter was read.

Dr. Pinkney, of the navy, asked leave to read a memorial which

he had prepared to present to congress, on the subject of assimilated rank. Leave being granted, the memorial was read and explained by its author.

Dr. Cox, of Maryland, offered the following resolutions:

Resolved, unanimously, That this association approves the memorial emanating from Surgeon Ninian Pinkney of the United States navy, and respectfully asks of congress a calm and dispassionate consideration of its contents; and we, the representatives of the medical profession in the United States, will anxiously await a decision, confidently believing that the relief asked for in the memorial on behalf of the medical corps of the navy, will be granted.

That it is a matter of great interest to the medical profession at large that an act of congress be formally incorporated into the national legislation, and at the present session, which shall define clearly and definitely the relative rank of the medical officers of the navy.

That the bill proposed by Surgeon Ninian Pinkney is approved by this convention, and earnestly recommended as forming a proper and equitable basis for an adjudication of the relative rank, and that this convention will regard any scale less satisfactory to the medical officers of the navy, as unjust to them, and degrading to the profession at large.

That the secretary of this convention be directed to address a copy of these resolutions, together with the memorial of Dr. Pinkney, to the secretary of the navy and the presiding officers of both houses of congress.

On motion of Dr. Yandell of Kentucky, these resolutions were referred to a committee of three, to be appointed by the president.

Dr. Atkinson, of Virginia, offered the following resolution:

Resolved, That we have listened with great pleasure to the able and eloquent remarks of Dr. Ninian Pinkney, in vindication of the honor and interests of the profession, and that we will second his efforts to obtain justice at the hands of congress by every means in our power; which was referred to the same committee.

Dr. Hayward, of Boston, offered the following resolution:

Resolved, That no member of the association be allowed to speak longer than ten minutes at a time, nor more than twice on the same subject.

Which was unanimously adopted.

Dr. Simmons, of S. C., offered the following preamble and resolutions:

The accumulation of passengers who are emigrants, crowded in ships coming to our shores from foreign ports, having in a great many instances, numerous cases of aggravated fever, many of which prove fatal, and likewise producing similar results at the lazarettoes, and even cities; the number, likewise, of sick arriving from California, and some of the South American ports, and the fact, that none of these vessels are required by law to have physicians or surgeons on board, seem deserving our attention as conservators of health, and as an act of humanity and duty on the part of the American medical association, to bring these facts respectfully to the consideration of congress, and to request its legislation thereon.

Be it therefore resolved, That the American medical association do memorialize congress to require all vessels carrying steerage passengers on the sea, to have a surgeon on board.

Resolved further, That a committee of this association be appointed to draw up a memorial to congress, making such suggestions as it may deem fit as regards the importance of this measure.

On motion, of Dr. Wood, of Pa., the resolutions were laid on the table for the present.

Dr. Storer asked a suspension of the regular order, to enable him to bring to the notice of the association a scurrilous attack upon him as the chairman of the committee on obstetrics, which he pronounced to be malignant, vindictive and false, and which he would not have noticed had it been directed against him personally.

Dr. J. B. Flint, of Kentucky, proposed the following as an alteration of the constitution, which, according to rule, was laid over till the next meeting:

It is proposed to alter the constitution, in the fifth article of it, so as to provide, that instead of the annual volume of Transactions, the association may establish and maintain a quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members—an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the association on medical science, education and ethics.

The report of the committee on the constitution being the special order, Dr. Hays, chairman of the committee, made a report. Dr. J. H. Yardly, a member of the committee made a counter report.

Much discussion ensued, and many resolutions and amendments were proposed and withdrawn in favor of the following resolution, offered by Dr. Thomas, of Maryland, and amended by Dr. Stewart, of New York:

Resolved, That the two reports on proposed alterations of the constitution be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning, in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

This resolution was adopted.

Dr. Watson, of New York, offered the following resolutions:

Resolved, That the report of the nominating committee, now on the table, be referred back to the said committee, with instructions to report complete on the standing committees, and such other committees as may be requisite for providing business for the association at its next annual meeting.

Resolved, That the invitation from the New York delegation for the meeting of the association in the city of New York in May 1853 be accepted, and that the nominating committee be instructed to that effect, and as usual to provide for the appointment of one of the secretaries from among the members residing at the place to be selected for the next annual meeting.

Dr. Stewart, of New York moved to amend the resolutions by referring the report of the nominating committee back to the committee without instructions.

This amendment was lost.

After some discussion and the proposal of several amendments, the question was taken on the adoption of the original resolutions, and they were unanimously adopted.

The secretary read the following communication from the New York Academy of Medicine, which, on motion, was referred to the publication committee and ordered to be printed:

NEW YORK ACADEMY OF MEDICINE, }
New York, April 22d, 1852, }

SIR—I have the honor herewith to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21st, 1852.

Whereas the cliniques now held at the medical colleges, as at present conducted, are, or may be made tributary to the private interests of the professors at the expense of other and younger members of

the profession, depriving them by an odious monopoly, of *practice* and *operations*, and often of *fees*, to which they are justly entitled: Therefore,

Resolved, as the sense of this Academy, That to prescribe or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinique, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice; and in either case, is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these clinics to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The secretary was also instructed to forward a copy of the resolutions to the American Medical Association.

Respectfully yours,

JACKSON BOLTON, M. D.,

Recording Secretary.

P. CLAIBORNE GOOCH, M. D.,

Sec. Am. Med. Asso., Richmond, Va.,

Dr. Haxall, chairman of the committee of arrangements, offered the following resolution, which was adopted:

Resolved, That after to-day the association hold a morning session from 9 o'clock, A. M., to 3 or 3½ o'clock, P. M., and have no afternoon session.

Dr. Hayward, of Boston, read a letter from Dr. Horatio Adams, of Waltham, Mass., regretting his inability to be present at the meeting, owing to a serious accident, and presenting the report of the committee on the "*action of water on lead pipes, and the diseases resulting from it,*" asking the reference of the report to the committee on publication. The report was accepted and referred.

Drs. Drake, of O., and Rogers, of Va., offered several suggestions in regard to the constitution, which were referred to the committee on that subject.

The chairman of the nominating committee requested that the

delegates from the states not represented when the committee was organized, should appoint their committee-men forthwith.

Drs. Gwathmey and Watson, of Virginia, Smith, of California, and Beck, of New York, were, on motion, admitted to the floor of the association during its sittings.

Dr. Corbin, of Va., read the following resolution, which he desired to lay on the table for the present:

Resolved, That one member from each state represented in this association be appointed a delegate to represent it in the medical associations in Europe, and that they be requested to visit the foreign hospitals, and to report to the next meeting of the association the various improvements in the several branches of science connected with medical education, and the treatment of diseases in general in foreign countries.

On motion, the association then adjourned.

AFTERNOON SESSION.

The president, Dr. B. R. Wellford, took the chair at half past 4 o'clock, P. M.

Dr. Drake, of Ky., offered the following:

Resolved, That all papers and reports on scientific subjects shall be read to the association before the question of their publication shall be decided.

Dr. Wood, of Pa., opposed the resolution.

Dr. Phelps, of N. Y., offered an amendment, which, together with the resolution, was, on motion of Dr. Thomas, of Md., laid on the table.

Dr. Condie, of Pa., presented a paper on chemistry, from a gentleman not a member of the association, and Dr. Drake presented a similar one by Dr. Wright, of Ohio, on the influence upon the health of Daguerreotypists of their occupation.

On motion of Dr. Condie, they were both referred to a select committee, consisting of Drs. Ro. E. Rogers, A. T. B. Merritt, and J. R. W. Dunbar, with instructions to report on them to-morrow.

On motion of Dr. G. F. Terrill, of Va., Drs. T. L. Scott and W. H. Fox, of Va., were admitted to seats on the floor.

Dr. Eve, from the committee on nominations, recommended the following officers for the ensuing year:

For Secretaries—Dr. P. Claiborne Gooch, of Va., and Dr. Edward Bead, of N. Y.

Committee on Publication—I Hayes, of Pa., P. Cl. Gooch, of Va., E. L. Beadle, of N. Y., Isaac Parrish, of Pa., G. Emerson, of Pa., D. F. Condie, of Pa., and G. W. Norris, of Pa.

Committee of Arrangements—F. Cambell Stewart, John Watson, Wm. Rockwell, James R. Wood, Robert Watts, Jr., Alfred C. Post, John G. Adams, and H. D. Bulkley, of New York.

On motion, the report was received, and the gentlemen named were unanimously elected officers of the association for the ensuing year.

The chair then announced the following appointments in compliance with resolutions adopted at the morning session :

Committee on Amendments to the Constitution—Dr. F. C. Stewart, of N. Y. Dr. Worthington Hooker, of Conn., and Dr. Robert H. Thomas, of Md.,

Committee on Dr. Cox's Resolutions in regard to the Rank of Medical Officers in the Navy—Dr. Samuel Jackson, of Pa., Dr. Jonathan Knight, of Ct., and C. C. Cox, of Md.

The report of the committee on "The Blending and Conversion of the Types of Fever," was then read by Dr. A. B. Williman, of S. C., (in place of Dr. Dickson, not present.)

On motion, the report was ordered to be printed, and referred to the committee on publication.

Dr. Hayward, of Mass., presented and read the report of the committee on "The permanent Cure of the Reducible Hernia;" which was ordered to be printed, and referred to to the committee on publication.

On motion of Dr. Dunbar, of Md., seconded by Dr. Drake, a report of the case of Dr. Jameson, of Baltimore, was requested to be furnished for publication, in an appendix to the report.

An application was presented from J. Wells, representative of the interests of the late Dr. Horace Wells, of Hartford, Conn., asking that a committee be appointed to enquire into, and report on the claims of the contestants for the honor of priority in the discovery of the principle of anæsthesia in surgical operations.

The application was laid on the table.

On motion, the association then adjourned.

THURSDAY, May 6, 1852.

The association was called to order at 9½ o'clock—Dr. Wellford, president in the chair.

The minutes were read, amended and approved.

On motion of Dr. W. E. Horner, Dr. Beylard, of Paris, was admitted to the floor of the association; and on motion of Dr. Wilson, of Virginia, Dr. W. T. Howard, of N. C., was also admitted.

Dr. John Watson of N. Y., offered the following resolution:

Resolved, That members of the association having questions for scientific enquiry to propose, as part of the business for the ensuing year, be requested to submit the same in writing to the chairman of the committee on nominations, and that said committee be requested to report on the nominations of the special scientific committees, with the subjects to be referred to said committees, at its earliest convenience.

Dr. Wood, of Pennsylvania, offered the following amendment:

“And that the nominating committee nominate a committee of five, who shall select special subjects of investigation, and nominate chairmen of the committees on these subjects, and also to nominate the members of the committee on voluntary communications;” which was lost.

Dr. Watson's resolution was then adopted.

Dr. Atkinson, of Virginia, moved the following:

Resolved, That the thanks of this association are due, and are hereby tendered to Dr. Isaac Hays, for the very efficient and satisfactory manner in which he has discharged the duties of its treasurer, and to Dr. H. W. De Saussure, for the able manner in which he has discharged the laborious duties of secretary.

Dr. Green, of N. Y., offered the following resolutions, which were adopted:

1. *Resolved*, That at all future meetings of this associations, all reports of committees, and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis, embracing the principal points of such report or paper, which abstract or synopsis may be read before the association.

2. *Resolved*, That the above resolution be transmitted by the secretary to the chairman of each scientific committee.

Dr. Stille, of Pa., moved the following resolutions, which were

seconded by Dr. Blatchford, of N. Y., and unanimously adopted :

1. *Resolved*, That the elegant, varied and generous hospitality which the association has enjoyed during its present session, calls for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

2. *Resolved*, That the thanks of the association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the "United Presbyterian Church," to the managers of the Danville railroad, and to the several public institutions of this city, for the hospital care of these bodies to promote the comfort and amusement of the association.

3. *Resolved*, That the association returns its thanks in an especial manner, to the committee of arrangements, for the zeal, intelligence, and good taste displayed in performing its numerous and important duties.

Dr. Simons called up his resolutions in regard to the necessity of surgeons being employed on board of emigrant ships; which were advocated by him, and adopted.

Dr. W. Hooker, of Ct., offered the following resolution, which was adopted :

Resolved, that special committees on medical education and medical literature, be appointed, consisting each of five members, and that the nominating committee be instructed to nominate such committee to this association.

Dr. Sutton, of Ky., moved that a committee of three be appointed, whose duty it shall be to enquire whether any, and if any, what action this association shall take in reference to requesting the congress of the United States to have a large edition of the medical statistics, furnished by the census lately taken, published in a separate form for distribution among the medical profession of the United States; and to report to-day.

The chair announced the committee to consist of Drs. Simons, of S. C., Boyle, of D. C., and Sumner, of Conn.

On motion of Dr. Condie, of Pennsylvania, it was

Resolved, That a committee of five be appointed to examine and report on the communication of Dr. Drake, on the relation between climate and pulmonary consumption.

The committee was announced, to consist of Drs. Condie, R. E. Rogers, J. M. Smith, Moultrie, and McGuire.

On motion of Dr. Rockwell, it was

Resolved, That the committee appointed to memorialize congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

[We omit the communication from American Medical Society of Paris. Shall refer to this society in our next number.]

The report and proposed amendments were received, after having been amended so as to read as follows : [We omit the report.]

ARTICLE 1.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States, of good standing, who acknowledge fealty to, and adopt the code of ethics adopted by the association ; and its business shall be conducted by their delegates or representatives, who shall be appointed annually, in the manner prescribed in this constitution.

Strike out the whole of Article II, referring to "Members," and insert the following :

ARTICLE II.—*Of Delegates.*

§ 1. The delegates to the meeting of the association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state, and regularly chartered medical societies ; from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him ; and he shall be entitled to participate in all the business affairs of the association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every

additional fraction of more than one half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one half of this number.

§ 5. No medical society shall have privilege of representation, which does not require of its members an observance of the code of ethics of this association.

§ 6. The faculty of every chartered medical college, acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent it in the association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually, of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: *And provided also*, That the said faculty requires of its candidates for graduation—1st. that they shall be twenty-one years of age; 2d. that they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. that they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. that they shall show, by examination, that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia, shall be entitled to representation in the association, notwithstanding that it has not six professors and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practiced by the institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§ 9. Delegates representing the medical staff of the United States army and navy, shall be appointed by the chiefs of the army

and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number of the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

Dr. Wadsworth, of Pa., offered the following resolution:

Resolved, That when the association adjourns, it will be to meet again this afternoon at 4½ o'clock, and that the resolution adopted on yesterday be rescinded so far as it conflicts with this action.

Carried.

Dr. Smith, of N. Y., chairman of committee on nominations, made a report, which was recommitted, on motion of Dr. Patterson, of Va., for correction.

The chair then announced the following committee on Dr. Simons' resolution, in regard to the propriety of memorializing congress to pass some law requiring emigrant vessels to carry surgeons, viz: Dr. T. Y. Simons, of S. C., chairman, Pope, of Mo., Thompson, of Del., Flint, of Ky., and Mauran, of R. I.

Dr. Knight, of Conn., moved to lay the report on amendments to the constitution on the table, to be taken up and voted on, section by section; which was carried.

The association then adjourned till 4½ o'clock P. M.

AFTERNOON SESSION.

Dr. Wellford, president, called the association to order at half past 4 o'clock.

Dr. McIntire, of N. Y., moved to refer the report on the amendments to the constitution to the publication committee; which was lost.

Dr. Smith, N. Y., chairman of the nominating committee, reported and offered the following resolution, which was received and adopted unanimously:

Resolved, That the following gentlemen be appointed —

1. *Committee on Medical Literature.* — Rene La Roche, M. D., of Pa., chairman; H. W. De Saussure, M. D., of S. C.; N. S. Davis, M. D., of Ill.; Jacob Bigelow, M. D., of Mass.; Ed. H. Barton, M. D., of La.

2. *Committee on Medical Education.* — Zina Pitcher, M. D., of Mich., chairman; Austin Flint, M. D., of N. Y.; J. R. W. Dunbar, M. D., of Md.; James McKeen, M. D., of Maine; D. W. Yandell, M. D., of Ky.

The amendments to the constitution, as embodied in the amended report of the committee at the morning session, were then read, section by section, and after some debate, laid on the table, as proposed amendments to the constitution.

During the discussion, Dr. Wilson of Va., offered the following amendment, which was laid on the table, on motion of Dr. Thomas, of Maryland :

The faculty of every chartered medical college acknowledging its fealty to the code of ethics, and conforming to the requisitions of this association on the subject of medical education as adopted by this association in 1846, and reiterated at its subsequent meetings, shall have the privilege of sending one delegate to represent it in the association; provided that the medical faculty of the University of Virginia shall be entitled to representation in this association in consequence of its peculiar organization, but only so long as its peculiar system of instruction and examination shall continue in force.

Dr. Wilson gave notice, that the above would be called up at the next meeting of the association, as an amendment to the constitution.

Dr. Attee, of Pa., moved the following, which was adopted :

Resolved, That this association still recommends to the medical colleges the propriety of lengthening their terms of instruction.

On motion, the following resolution was called up for consideration, and adopted :

Resolved, That the colleges exclusively of dentistry and pharmacy are not recognized by this association as among the bodies authorized to send delegates to its meetings.

On motion of Dr. Gooch, of Virginia, the two reports from the committee appointed last year to suggest alterations of the constitution, together with that of the committee to which they were referred on yesterday, were referred to the committee of publication, with instructions to print. * * *

[We omit report on rank of surgeons in the navy. We shall publish the report hereafter.]

Dr. F. C. Stewart, of N. Y., moved the following preamble and resolutions, which were seconded by Dr. Pope, of Mo., and unanimously adopted :

WHEREAS, The building in which this association held its present session was gratuitously furnished by the proprietors : therefore —

Resolved, That the cordial thanks of the “ American Medical Association,” be and the same are hereby tendered to the pastor and trustees of the “ United Presbyterian Congregation ” of the city of Richmond, for the kindness and hospitality manifested by them in tendering to the association the free use of their church and lecture room.

Resolved, That a copy of these resolutions be signed by the President and Secretaries of the association, and transmitted to the pastor and trustees of the “ United Presbyterian Congregation.”

Dr. Dunbar, of Maryland, offered the following resolution, which was unanimously adopted by a rising vote :

Resolved, That the thanks of this association are hereby voted to the President, for the able and satisfactory manner in which he has presided over its meetings, and also to the Secretaries, for the faithful manner in which they have discharged their laborious duties.

On motion of Dr. Thompson, of Delaware, and seconded by Dr. Rogers, of Virginia, the following resolution was unanimously adopted, and a copy of it was directed to be transmitted to Dr. Moultrie :

Resolved, That the thanks of the association are unanimously voted to Dr. James Moultrie, of South Carolina, its late President, for the able, impartial and faithful manner in which he has discharged the duties of President of this association during the past year.

On motion of Dr. Gooch, of Va., the President was empowered to make the appointments under Dr. Corbin’s resolution offered on the second day and passed, at any time during the year.

On motion of Dr. Pope, of Missouri, the association then adjourned, to meet in May next, in the city of New York.

The Vice President in the chair, Dr. T. Y. Simons, of S. C., then in a few appropriate remarks congratulated the members on the happy termination of their meeting, and declared it adjourned *sine die*.

PART FIFTH.

EDITORIAL AND MISCELLANY.

To our Patrons.

As this number closes the fourth volume of the Ohio Medical and Surgical Journal, we wish to have a little plain and private talk with our friends and patrons. The objects for which this Journal was established were, 1st, to advance the interests of the medical profession, particularly in the West. 2d. To form, to some extent, a congenial literary avocation for the lamented Butterfield, its first editor. 3d. To form an additional instrumentality by which our Medical School might become known and appreciated. In our humble estimation, all these purposes have been subserved, and good has been accomplished. A great number of new and interesting facts have been permanently recorded, theories have been advanced and sifted, and the literature of our profession has been augmented.

Prof. Butterfield having gone to his final resting place, and D. S. Hanbury Smith, his successor, occupying a post where the law interrupted his editorial labors, about eighteen months ago this Journal fell into our hands. We took charge of it with trembling, for we were conscious from our inexperience in literary labors, that we were unequal to the task, and we shrunk from it. But as none of our colleagues would assume the responsibility, we, untried and *green* as we were, came to the rescue, and resolved to prevent the Journal from going "to that bourne from whence no traveller returns."

For a year and a half we have labored industriously to make the Journal interesting, creditable, and acceptable to its readers. How well we have succeeded, they are quite as capable of judging as ourself. If we take the testimony of others, and the fact that our list of subscribers is constantly increasing, we conclude we have been successful. And now, to you who have taken our Journal, paid for it, and read it, we offer our sincere acknowledgements.

Our heart swells with gratitude to you who have been our *friends*, who have remembered our *necessities* and our *dues*. We tender you our hearty congratulations for your honorable dealing, and your success in business. Men, especially physicians, who deal justly and honorably, can but succeed. During the remainder of our life we shall remember, with grateful emotions, you, for you have stayed up our hands, and encouraged us with cheering words, in return for our otherwise unrequited toils.

Would that this were all that it were necessary for us to say; but unfortunately *duty*, and even *necessity* requires us to address another class of our subscribers. A large number of you have taken our Journal, one, two, three, and some even four years, and although you have frequently been politely invited, and sometimes besought and *urged* to do so, you have not paid our dues! This is not all we have done. During the Spring, we addressed a large number of our delinquents, stating to you in as polite a manner as we were capable of, our necessities, and appealing to you in behalf of the Ohio Medical and Surgical Journal, asking you to remit your indebtedness, at the same time paying our own postage, and what was the result? Quite different from what we had a right to expect. Not one in ten paid any attention to our appeal. A few, a precious few, remitted the amount due, with gentlemanly acknowledgements for negligence, but a majority disregarded us altogether. In taking our leave of those who have withheld from us justice and the common courtesies of gentlemen, we wish to say we envy you not for your happiness which grows out of your pecuniary relations to this Journal. The names of those of you who are indebted for more than one year's subscription, will, unless soon cancelled, which we do not expect, be erased from the subscription list. A list of their names will not be published, as they should be, but will be sent to the editors of other Medical Journals, for their benefit as well as yours. With peculiar feelings which we shall never forget, we bid you adieu! wishing you all the happiness and success you deserve. To those who are indebted for this volume of the Journal, we intend, whether it be paid or not, to send another volume as richly laden with medical intelligence as the fourth. At your earliest convenience we hope you will remit to us the subscription price; for we cannot well do without it, besides we dislike to lose you as subscribers and friends.

We intend soon to issue a Prospectus for the purpose of extending our circulation and securing names to take the place of those

which are to be "expunged." *This Journal must and shall be sustained.* We have no idea of "giving up the ship." We shall be thankful for new subscribers, and for any interest our friends may manifest in procuring them. They shall not go unrewarded. We will work with all our might for such in return. We ask only what we are willing to grant—a *quid pro quo*.

PROF. PADDOCK.—We cannot refrain from congratulating the friends of Starling Medical College, and expressing our pleasure upon the appointment of our old and talented friend, Prof. PADDOCK, to the Chair of Anatomy and Physiology, in Starling Medical College. It was the remark of the late Prof. Butterfield, that "as a lucid, clear and impressive teacher of Anatomy, Dr. PADDOCK was never excelled." He was once a colleague of Prof. B., and was one of the principal attractions at the Willoughby Medical College, and assisted materially, by his talents and energy, in drawing large classes, when the odds were vastly against that school. We are confident that the Chair so ably and so satisfactorily occupied by our warm-hearted and noble friend Prof. JUDKINS, with whom we dislike to part, could not be filled by a better man. Dr. PADDOCK has a host of friends and admirers in Ohio and the west, who will rejoice at his return hither, and who will meet him with a most cordial welcome. Those who are unacquainted with him, can judge something of the man, by the first article in this number, of which he is the author.

STARLING MEDICAL COLLEGE.—Our friends will be glad to know that the work upon this magnificent edifice is progressing in a most satisfactory manner. Before the opening of the next session of lectures, we hope to have the building not only beautifully enclosed, but so far finished as to afford to the class and faculty every possible comfort and convenience. As it now stands, unfinished though it be, it is the architectural ornament and attraction of our otherwise beautiful and pleasant city. It towers so loftily above all surrounding structures, and so uniquely too, that it strikes with admiration the eye of every approaching stranger, whose encomiums we must confess, flatter our vanity not a little.

CANADA MEDICAL JOURNAL. — We have received one or two numbers of this new Monthly Journal, published in Montreal, and edited by R. L. MACDONELL, M. D., and A. H. DAVID, M. D. It appears like an excellent journal, and highly deserving of support and patronage. In it we observe one thing peculiar: a small proportion of the reading matter is printed in the French language. This is done to accommodate some of its readers and contributors who are not familiarly acquainted with the English. We like this feature very much. We have often thought of doing the same in our journal, for the purpose of encouraging the study of the most polite of all languages among physicians, and should do so if we were sure it would be acceptable. We hope our *confreres* will send us a complete set, in return for which we will with pleasure send ours to them, with our earnest prayers for their success.

Prof. Mussey's Introductory Lecture.

It is not in our power generally to read *every* introductory lecture sent to us from the various Medical Schools of our country, however meritorious the production, or however distinguished the author. The lecture before us we could not lay aside till *read through*. It is written in a terse, concentrated, unadorned style, so peculiar to Dr. Mussey. It contains in a small compass, much that is interesting and instructive, and does great credit, even to that venerable and extraordinary member of our profession, its author. We know not when we have been so much amused and entertained as we were in its perusal, and as few of our readers will have the pleasure of reading it entire for themselves, we propose to make a few extracts from it for their edification.

Adverting to the vaunted elixirs, the barbarous operations, and disgusting compounds in high repute but a few centuries ago, he gives us, from the work of the great Ambrose Parey, a very extraordinary composition which that Surgeon recommends in the highest terms in the treatment of wounds, &c.

“After the use of *Egyptiacum*, you shall, with emollient or lenitive medicines, procure the falling away of the eschar, and such a medicine is this following oyl, being somewhat more than warm.

“Take of oyl, in which violets have been steeped, *four pounds*; put into this two newly born puppies, and cook them even to the dissolution of the bones, and then add *a pound* of earth worms fitly

prepared, simmer them together over a gentle fire, and after straining them, add *three ounces* of Venice turpentine, and an *ounce* of brandy. This oyl hath a wonderful force to assuage pain, to bring the wound to suppuration, and cause the falling away of the eschar. Put, of this, a sufficient quantity into the wound ; for this being applied indifferent hot, hath power to assuage pain, to soften and humect the orifice of the wound, and help forward suppuration, which is the true manner of curing these kinds of wounds, according to the rule of Hippocrates, which wishes every contused wound to be presently brought to suppuration, for so it will be less subject to a phlegmon ; and, besides, all the rent and bruised flesh must putrifie, dissolve, and turn to quittance, that new and good flesh may be generated instead thereof.' "

"This account of the dressings employed in the time of Parey, exhibits a striking contrast with the simpler and safer measures practiced at the present day. That so disgusting a composition, as the last described 'oyl,' should have been tolerated within the limits of the regular profession, sufficiently marks the obscurity which rested upon the minds of distinguished men in relation to physiology and disease. Ambrose Parey was a great man and an eminent surgeon, and, by the translation of his writings into English, exerted an influence beyond the limits of his own country. So highly did the French king, Charles IX, value his talents, that, on the night of the festival of St. Bartholomew, when the massacre of *seventy thousand* Protestants began under his secret order, he shut up Parey in his own closet, and thus saved him from the general slaughter."

"Respecting the improvements made by modern Surgery, Dr. Mussey remarks:

"The labors of John Hunter form an epoch in surgery : and since his time, inventions and improvements have increased, so that not a year now passes, without valuable additions to the stock of surgical knowledge. The inductive philosophy has become the pole-star of pursuit ; and under its auspices our science has had a movement, never at intervals retarded, but in a ratio, from period to period, uniformly accelerated.

"The Medico-Chirurgical Society of London was instituted in 1805. Its influence in promoting discovery, by raising the dignity of the profession, has been felt, not only through Britain, but in every country where regular scientific medicine has been taught.

“The whole subject of inflammation was more fully explored and better understood by Hunter, than by any of his predecessors.

“Important improvements have been made in the treatment of simple inflammations, by a judicious employment of constitutional and local depletion, and especially by water dressings in some form, either by irrigation or the water compress. In different cases, water is applied at various temperatures, to accommodate the state of the sensibility in the part affected.

“In the healing of *simple wounds*, water dressings may often be so managed as to effect an entire union of the divided parts without suppuration, and this, too, where the divided parts are not kept in contact, as is necessary for the adhesive process, the space being filled up by the requisite vital materials without suppuration. This has been called the modeling process, by Dr. Macartney.

“In gunshot wounds, the treatment has been improved by introducing water dressings, and still further by the wet bandage of Dudley. These injuries, when in the limbs and confined to the soft parts, have been repeatedly cured without suppuration.

“Certain poisoned wounds: the bite of the rattlesnake, it has been alleged on pretty good authority, has been cured by the early local application of tincture of iodine.

“Tetanus (traumatic): a number of well authenticated cases have been successfully treated by chloroform.

Erysipelas: locally, iodine, nitrate of silver; internally, carbonate of ammonia, opium, and quinine. In phlegmoid erysipelas, as well as carbuncle, incisions are of great value.

Anæsthetic agent: a priceless boon, recently handed down to us by a kind Providence to disarm surgery of its terrors. In my practice ether and chloroform have been used without injury, in over six hundred operations. In St. Bartholomew's Hospital, in London, according to Mr. Skey, in a statement made last summer, chloroform had been employed, without injury, in between nine thousand and ten thousand operations. The French Academy awarded for this discovery, to our countrymen, Doctors Jackson and Morton, each a medal; the one for having made the suggestion, the other for having put the suggestion to experiment.

“In surgical anatomy, great progress has been made. This is exemplified in the anatomy of the neck, in reference to the extraction of tumors and the ligating of vessels. The anatomy of hernia

has arrived at wonderful precision, compared with what was known a century ago. Various accompaniments of strangulated hernia—difficulties to be encountered, and means of meeting them—are far more clearly understood.

Surgery of the Arteries. This department has undergone such important modern improvements, as almost to admit of its origin being dated about the time of Hunter. Ligating an artery on the cardiac side of aneurismal tumor has been chiefly practiced. The artery, too, has been successfully ligated on the distal side of the tumor, as recommended by Brasdor. Success, too, has repeatedly followed the compression of the artery on the cardiac side of the tumor; and even on the distal side, as reported by Dr. Goldsmith, of Vermont. In a recent aneurism, according to Dr. Dudley, a compress upon the tumor, supported by a bandage upon the whole limb, has effected a cure.

“In 1845, the subclavian artery had been ligated *sixty-nine times*: of this number there were thirty-six recoveries and thirty-three deaths.

“Dupuytren and Liston, each has tied successfully the subclavian artery, under cover of the anterior scalenus muscle.

“The aorta has been ligated *four* times, the *arteria innominata* *nine* times, and the subclavian, on the tracheal side of the scaleni muscles, *five* times. Death followed in every case, leaving surgeons little room to hope for any better result from a repetition of either of these operations.

“The surgery of the eye has been greatly improved by Scarpa, Maunoir, Adams, Lawrence, Mackenzie, Tyrrel, Alexander, Roux, Velpeau, Sichel, Desmases, Cuvier, Rogers, Delafield, Pancoast, Hays, and a host of others.

“In the surgery of the ear, Itard, Deleau and Kramer, have been distinguished.

“Plastic surgery has undergone important modern improvements. Taliacotius, of Bologna, in Italy, in the latter part of the sixteenth century, gained a temporary celebrity by his rhinoplastic operations, in which he formed a new nose by a flap of skin taken from the arm. This operation fell into disuse for a long period. Rhinoplasty, however, was revived and improved by Messrs. Carpie and Linn, of London. More recently, plastic surgery attracted the attention of numer-

ous surgeons, as Græfe, Diefenbach, Frick, Zeis, Chelius, Delpech, Dupuytren, Lisfanc, Jobert, Liston, J. M. Warren, Pancoast, Mutter, Post and Hullhen.

“Staphyloraphy or palate suture was practiced with success by Roux, Græfe, Diefenbach, Warren, and others. This operation has been recently improved by Mr. Ferguson, of London, by dividing the levator palati and palato pharyngeal muscles.

“In harelip operations, important improvement has been made, especially in those revolting cases with a double fissure and a peninsular portion of the upper jaw connected with the septum of the nostrils, and projecting horizontally forward

“Tenotomy and Myotomy. Great progress has been made in the relief of deformities, as of club-foot, wry neck, strabismus, permanently contracted fingers.

“In chronic enlargement of the tonsils, excision is now employed instead of ligation, which was used forty years ago.

“Cancer of the tongue : nearly half of that organ has been successfully removed.

“Excision of the upper and lower jaw: the latter operation has been performed by disarticulating the bone without dividing the facial nerve, or the duct of Steno, thus preserving the symmetry of the face.

“In chronic abscess of bone, limbs are now saved by perforating the wall of the bone, which were formerly doomed to amputation.

“In fractures of the limbs, the wet bandage of Dudley, in addition to splints, should not be overlooked, as marking improvement in the treatment.

“In compound fractures, the collodion is of great value in excluding the air from the wound. In un-united fracture, or false joint, the seton, sawing the ends of the bones, subcutaneous scarification, lateral or longitudinal compression of the fragments, ivory pegs and wire bridles, and more especially a suitable constitutional treatment, have, in their turn, promoted cure.

“In dislocations, anæsthetic agents will probably take the place of copious bleedings, nauseating doses and the extreme warm bath.

“In amputations the flap operation, as well as amputations at the hip, shoulder and ankle joints, show a progress in this department of surgery.

“Diseases of the joint are better understood than formerly, and the treatment is more successful. Excision of the diseased elbow joint has been repeatedly successful.

“Iodine injections in hydrarthrus, in enlarged bursæ mucosæ, in ganglions, in spina bifida and chronic hydrocephalus, have been practiced with important benefit.

“Injuries and diseases of the brain and spinal cord are much better understood.

“A well known and wide spread contagious disease. The whole subject revolutionized within the last twenty-five years by Ricord.

“Great improvement in the treatment of fistulous communications between mucous canals and cavities, as well as strictures of mucous canals, varicocele, and spermatorrhœa.

“The removal of vesical calculus by lithotripsy, and especially by the operation of bilateral lithotomy, is regarded as marking a progress in this department of surgery. This last operation is probably destined to take the place of all others in lithotomy.

“Ovarian tumors treated by operations with important success; on the whole, more than two hundred and twenty cases, in all, are on record—most of them within the last half century. Excision of intra-uterine fibrous tumors, *per vias naturales*: four cases out of five successful, by our countryman, Prof. Washington L. Atlee.

“Anatomy,” he says, “lies at the foundation of all that is safe and valuable in operative surgery.

“I once saw a gentleman dissect out a small tumor that lay over the ramus of the the lower jaw. He was not aware of the position of the fascial nerve. After the tumor was removed, a segment of that nerve, half an inch in length, lay loosely attached to the back part of it. This nerve might as well as not have remained untouched, and its important function to the muscles of expression, upon one half of the face, preserved. The patient was a handsome young lady—but the symmetry of the face was marred, the mouth distorted, and the beauty gone. So much for bad surgery.

“The same surgeon on another occasion, undertook to remove an enlarged thyroid gland. The patient, a girl of thirteen or fourteen years, whose general health was not at all impaired by the chronic local enlargement, was assured by the doctor that he could give her as small and smooth a neck as other young ladies had. She sub-

mitted to the operation. The bleeding was so profuse that the surgeon disisted before the tumour was half dissected out, and death followed in a few hours. He seemed not to know that the thyroid arteries, especially the inferior, are very difficult of access for the ligature.

“An acquaintance with physiology is of great importance in surgery, both to aid in the decision of the question of a contemplated operation, and to guide in the prognosis.

“We have known an operator who dissected out a tumor from the abdomen, mistook it for the liver, and reported the next day that the liver was out, and the patient doing well. It would require but a superficial knowledge of the circulation of the blood to prevent such a misaike as this. How could a patient be expected to live half an hour without vessels to carry back to the heart the great mass of blood thrown out by the coeliac and mesenteric arteries?”

The author makes some extremely judicious remarks upon the importance of sound general health, appropriate diet, pure air, and a cheerful frame of mind, when a grave surgical operation is about to be performed, giving several examples in illustration, and we regret we have not space to introduce them here.

The following anecdote and concluding portion of the lecture, illustrating the blunders and charlatanry of medical men, will not fail to amuse and instruct :

In another curious surgical case, I was applied to by a lady on behalf of her little daughter, three or four years old, whom she brought to me with her leg splintered up for a fracture. This, too, had been treated by Dr. ———, with the minim doses and splints. As the splints had been on four weeks, and the lady was desirous to go a journey and take the little girl with her, she wished to know whether I thought it would be safe to leave the splints off from that time? After examining the case, I assured the mother that it would be quite safe to do so, inasmuch as the leg had not been broken. She followed the advice.

The diagnosis of surgical diseases, too, is far in advance of what it was fifty years ago. Sometimes ludicrous and sometimes serious mistakes in diagnosis have been made, either from want of proper attention to a case, or of the knowledge requisite to its thorough investigation.

A few years since I was consulted in a case of abdominal tumor, which a professional gentleman had mistaken for abscess of the liver. In conformity with this view, he thrust an abscess lancet into it, but no puss followed. It proved to be a gravid organ, the contents of which were not made to pass through so small an aperture.

Fully within my recollection the belief prevailed, not only among the common people, but with physicians, that, when a blow had been received upon the head, so as to wound the scalp, or to cause a temporary stupor, a surgical operation was called for. The following illustration is in point. In the interior of one of the New England States, a young man received a small cut in the scalp by a kick from a horse. As there was no man at home in the small neighborhood who could go for a doctor, the patient tied a handkerchief about his head, mounted a horse, and rode off two or three miles himself to find one. In due time he came cantering back with his surgeon, who laid him down and trepanned him. The fortunate patient escaped with his life from the dangers of the operation so gratuitously practiced upon him.

The cases requiring an operation are now so well understood, that few men, with even an ordinary medical education, are to be found, who are liable to commit the mistake of operating on the head, without being able to assign an intelligent professional reason for it.

It is but about twenty years since the death, at an advanced age, of a man in one of our eastern States, who, at one period of his professional life, had a great reputation as a surgeon, in the part of the country where he lived. This was acquired chiefly by the very free use of his amputating and trepanning instruments. It was not uncommon within his circuit, to see a man hobbling upon a pair of crutches and one leg: For the slightest contusions of the scalp, he would apply the trephine. Once he actually trepanned a patient for hysterics! On that occasion he gathered around him some neighboring physicians, and ascertained that the spasms of the patient were owing to *a drop of blood* lying just under the skull. On removing a disc of bone, he found the drop of blood, and came off in triumph. The patient recovered from the operation. He had scarcely any knowledge of anatomy or physiology, and less, if possible, of surgical pathology. He was very fond of stringing together high

sounding words (a sure mark of ignorance or pedantry,) with little meaning, or without meaning altogether. In one case he advised a patient, a man of education, to take, for a pain of his head, some "*unquendum flos, henos stratibus unquentorum dictis*"!! "What, doctor — what do you prescribe? There is no sense in that!" The doctor replied: "*Medical terms, Mr. E., medical terms, sir.*"

But the schools, to a great extent, have corrected these fooleries, even in the most secluded spots in our country.

A curious case occurred in one of the eastern States, soon after a medical school was established there, before its influence had done much to enlighten the public, or even the teachers themselves.

A farmer of that region was advised to take an idiot son to the institution for a surgical operation, with a view to give him the common share of intelligence. He did so. The professors held a consultation upon the propriety of trepanning him. As they did not perfectly agree, it was concluded to refer the point in question to the medical class: so the professors and students went into a committee of the whole. It was argued, that "if the operation could not bring intelligence into the fool's brain, they did not know what would;" and a decision was presently had on republican principles, a large majority voting for the operation. Accordingly, the poor boy was put upon the table and trepanned. He recovered from the operation! A shrewd physician in a neighboring State, on hearing of it, remarked, "that they ought, then, to have gone to work trepanning one another."

"The difference between a surgeon and a mere operator," says our distinguished countryman, Dr. Goodman, "may be estimated by contrasting them. The surgeon inquires into the causes, and removes the consequences of constitutional or local disease; the operator inquires into the willingness of his patient to submit, and resorts to the knife. The surgeon relies on the restoration of the healthy actions by regimen and medicine; the operator relies on himself, and cuts off the diseased part. The surgeon, reflecting on the comfort and feelings of his patient, uniformly endeavors to save him from pain and deformity; the operator considers his own immediate advantage, and the notoriety he may acquire, regardless of other considerations. The surgeon reluctantly decides on the employment of instruments; the operator delays no longer than to give his knife a keen edge. The surgeon is governed by the principles

of the science ; the operator, most generally, by the principle of interest. One is distinguished by the number he has saved from mutilation and restored to usefulness ; the other by the number of cripples he has successfully made. The surgeon is an honor to his profession and a benefactor of mankind ; the *mere operator* renders the profession odious, and is one of the greatest curses to which mankind, among their manyfold miseries, are exposed."

The field of surgery is still open. Its limits cannot be defined by the keen vision of the most practiced seer. Inventions and discoveries yet to be made, will doubtless save, under casualty and disease, many a patient, such as is now given over to the destroyer. But eminence, in this department of our profession, is not to be attained without exertion. That eminent surgeon, Sir Astley Cooper, often said, that whatever of distinction he had gained, was due to hard work and perseverance. An ephemeral eclat may come from a clever operation, but an enduring fame is to be earned only by untiring labor and self-denial.

Are there not those within the reach of my voice this evening, who, in that magnificent temple just erected in this city, soon to be dedicated to science and humanity, shall receive an impulse which no vicissitudes in future life can abate — shall have a flame kindled in the pursuit of truth in a philanthropic profession, which nothing but death can extinguish, and whose names shall be placed by posterity upon the same roll with those of a Dupuytren, a Velpeau, a Graefe, a Dieffenbach, a Cooper, a Brodie, a Physick, a Dudley, a Mott, a Warren?

ECONOMY IN DENTAL OPERATIONS.—A farmer of the neighborhood of Boulogne, in France, applied the other day to a dentist of that city, and complained of severe pain in a decayed tooth. The Dentist told him that the tooth would bear stopping with lead, and asked him to return in a few days. When the farmer had returned home, he thought that he might save the dentist's fee, and asked the blacksmith of the village to pour some melted lead into the tooth. The worthy knight of the anvil did as he was bid, and the poor farmer saved his money, but had almost the whole of one side of his jaw burnt away.

Inversion of the Bladder, Vesico-Vaginal Fistula, &c.

As the following case is in many respects unprecedented in the annals of surgery, we propose to give a brief history of it, and call the especial attention of Surgeons to its principal features.

Mrs. D. was confined with her first child, about five years ago. The labor, we suppose, must have been a severe one, as the passage of the child through the soft parts, lacerated the perineum extensively, while the head pressed so firmly upon the pubis, as to unduce sloughing of the vesico-vaginal walls. This resulted in a large fistulous opening, a vesico-vaginal fistula. The recto-vaginal septum was not completely divided, but as there was incontinence of urine, her condition became wretched beyond description. Since this period, she has had two labors, in one of which the forceps were used.

About nine months ago she observed a tumor in the vagina. This gradually increased in size, until it protruded from the vulva. The irritation, inflammation and ulceration in and upon the tumor, produced by contact with, and friction against the thighs and clothing, induced a vast amount of suffering. She was unable to stand erect, to approximate the thighs, or to sit directly upon a chair, but was compelled to stand and walk with the legs widely separated, and sit upon one tuber ischii. She was attended by a number of physicians, but received no relief—indeed, the nature of the tumor was a puzzle which they could not well determine.

About the 20th of May last, we were called to see her. The patient being under the influence of chloroform, we examined the tumor, which hung pendulous from the vagina, about the size of a large orange, and directly found it to be the inverted bladder. Raising the tumor over the pubis and pressing back the soft parts, we could see the jets of urine issuing from the ureters on its posterior surface. We then made an effort to reduce the bladder to its natural position, by pressure, kneading, &c., &c., but could make no impression upon it, other than to return it into the vagina.

We now proposed, if the patient, who was in very indigent circumstances, could be placed in our little surgical infirmary, to make an energetic effort to relieve her. The benevolent ladies of Columbus, took charge of the matter, placed her there, and furnished the means for her support. We placed her in a horizontal position, con-

fined her to a rigidly abstemious regimen, and gave her anodynes, and applied such fomentations and ablutions as tended to relieve irritation, swelling, &c. At the end of two weeks, we made another effort to reduce the bladder, similar to the one employed before, but without success. About the 15th of June, (we have not a note of the date,) we resolved to make a final effort, and proceeded as follows :

In presence of and with the assistance of Drs. Smith, Carter, Kendrick, Eells, G. and R. M. Denig, and others, we placed the patient upon her back before a window, upon a table, with the thighs fully flexed. Raising the tumor upwards, and pressing the perineum downward, we succeeded in seizing the cervix uteri, with Jobert's long uterine volsellum, made by Charriere, of Paris. We then drew the uterus forcibly downwards towards the coxyx. This manœuvre brought the ring of the fistulous opening perpendicularly before us, like a fenestrum. Confiding the volsellum to Dr. Eells, and the chloroform, which was freely used, to another assistant, we grasped the tumor with the fingers of both hands, and made firm pressure, for the purpose of relieving the congestion ; then, by a kneading process, similar to that employed in the taxis in hernia, industriously applied, we succeeded, in the course of fifteen minutes, in returning the bladder, *suddenly*, to its natural position. Nothing could exceed our gratification at this event. We are confident we never could have succeeded, without the volsellum applied to the uterus.

For the purpose of preventing a return of this calamity, we introduced a gilded ball pessary, six inches in circumference, belonging to Prof. Smith, into the vagina. This succeeded admirably. One week subsequently, the patient was about the house, as comfortable as if nothing had happened. The fistulous opening is gradually contracting, and the parts are losing their intense irritability. By the pressure of the ball against the opening, the urine is retained for an hour or two, and by a sponge, and T bandage, she keeps herself free from the annoyances of constantly dripping urine.

Should the fistulous opening become sufficiently contracted to justify the effort, we intend to make the operation so frequently performed by M. Jobert for the radical cure of vesico-vaginal fistula.

OHIO STATE MEDICAL SOCIETY.—This society met at Cleveland, on the 1st day of June, and was organized by the election of Prof. ACKLEY, as President, Drs. A. J. Bennett, H. S. Conklin, Friend Cook and B. Stanton, as Vice Presidents ; Drs. McLane and Carey as Secretaries, and Dr. Rickey as Treasurer. In our next number we shall notice further its proceedings.

THE BENEVOLENT INSTITUTIONS OF OHIO.—Dr. KENDRICK, of Cincinnati, has been appointed Superintendent of the Ohio Lunatic Asylum, and Mr. HART, of Marietta, Superintendent of the Blind. Several other changes have been made, which should be brought to the notice of the profession, *and shall be, if we are spared, in our next number.*

THE CHOLERA.—This terrible disease, though not prevailing as an epidemic, is doubtless in our midst. As near as we can ascertain, something over twenty have already died of it in our city, within the last two weeks. Let physicians advise their friends to observe caution as to their articles of diet, regular habits, and “temperance in all things.”

A VICTIM TO SCIENCE.—A physician in Prague has just died a real “martyr of science.” He had been in the habit of taking strong doses of poison, after swallowing an antidote, in order to note the effects. On the 23rd ult., he took so large a dose of morphine that all the efforts of some medical friends present at the exhibition could not save him.

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